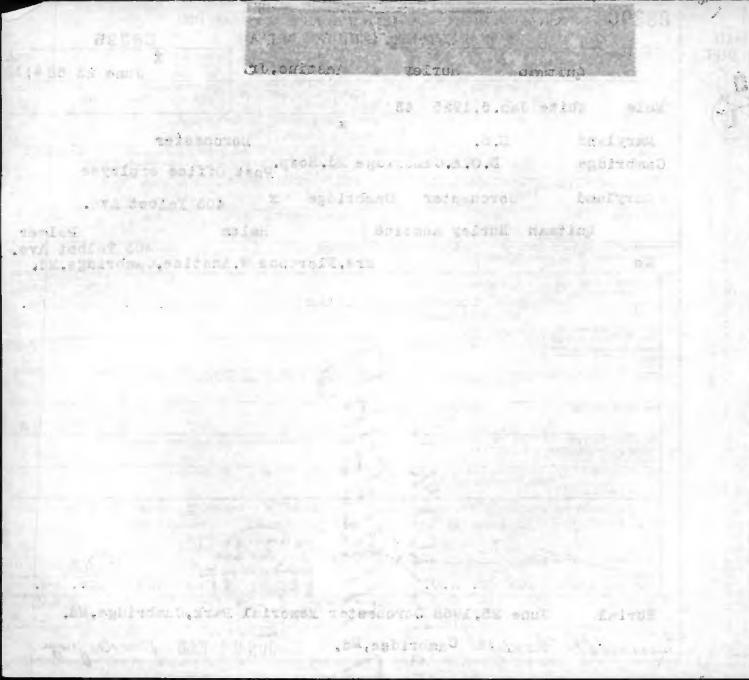
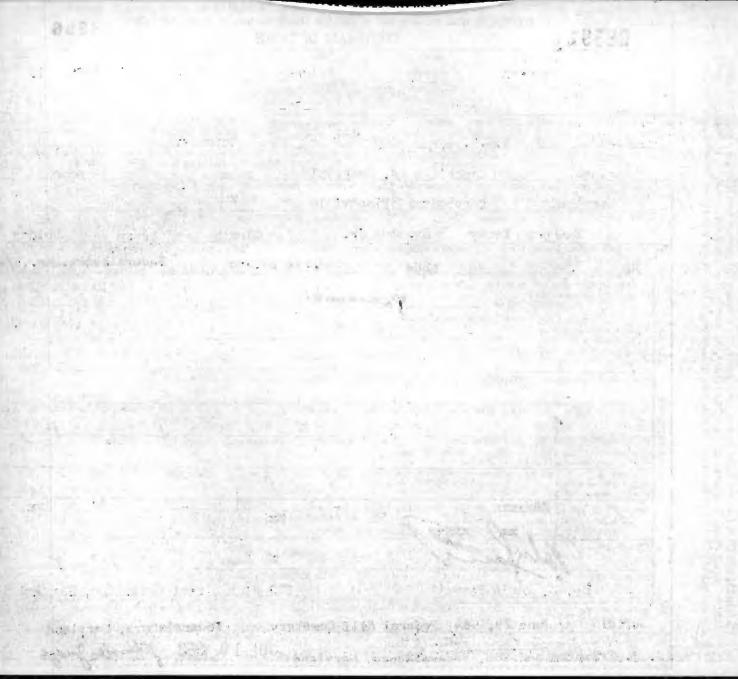
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH, DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Day (Type or Print) ESTI-OF Hurley Anstine.Jr. 4:30 Qui tman 23 1968 DEATH MATED June delay IF UNCER 24 HRS. 4. RACE 3. SEX 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR S. DATE OF BIRTH last birthday) Year White Jan. 5, 1925 43 Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED | DIVORCED Mary Land 10. CITY OR TOWN OF DEATH in Item 18. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital De On McCambridge Md. Hospital De On McCambridge Md. Hospital Design most of working life, even if retired, INDUSTRY Post Office employee 12b. KIND OF BUSINESS OR Office olong with Cambridge lond 2 with the death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmiriant Wand 13b Porchester Cambridge YES NO hours ofter 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Quitan Hurley Anstine Helen Palmer This certificate should be executed within 24 Examiner's pages hours ADDRES403 Talbot Ave. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT pencil (Yes no or unknown) Mrs. Florence W. Anstine, Cambridge, Md. File 5 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH the Chief Medical PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Mins. DUE TO, OR AS A CONSEQUENCE OF buriol-fronsit Canditians, if any which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .5 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 50 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO X pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) P shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK for FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection X ond in my opinion Inquiry Notural couses X Accident Suicide deoth resulted from: Homicide Undetermined monner pleose CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER X FYAMINER'S Health Jr. John Mace Cambridge. ADDRESS(Street, city, town, or county) 25, 1968 Dorchester Memorial Park, Cambridge, Md. 500 230. BURIAL CREMATION 23b. DATE BUY TEN 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR ATSME Cambridge Md. TOM REV. T.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.833	33			CERTIF	CATE OF	DEATH				0.00	0.0	
1. DECEASED-NAME (Type or print)	First HERMA	M	Middle	BRA	Lost MBLE		20. D/	ATE OF CEATE	Month 22,00	19680	2b	. HOUR
3. SEX Male		4. RACE	hite		S. DATE OF Sept	7, 1	892	6. AC	E (In years birthdoy) YRS.	MONTHS DA		S MIN
7a. BIRTHPLACE (Stote of country) Maryla	r foreign	76. CITIZEN OF WE US.		B MARRIEI WIDOWE	D NEVER MA	ARRIED		rches				M
10. City or town of D Cambridge		Give :	ME OF HOSPITAL OR INS treet oddress) moridge Mo	l. Hos	pital				of work done yen if retired.)	12b. KIND INDUSTRY	OF BUSINE	SS OR
13o. USUAL RESIDENCE ( odmission) STATE Ma	Where deceose ryland	d lived, if institut	on: Residence before	chur Cree	OR TOWN	13d. INSIDE CIT	NO X	13e. STREET A	ND NUMBER			
14. FATHER'S NAME	First Noah	Middle	Bramble		1S. MOTHER'S	MAIDEN NAME	First Mary		Middle		los!	t
Yes, go or unknown)	R IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY 1 214-16-47		LeComp	te Fun	erl S	ervice	Address Pecor	is		
4000	which gave e couse (o), erlying couse	(b) DUE TO, OR A (c)	S A CONSEQUENCE OF		CLEROTI TO THE TERMIN				ART I(o)			
190. DATE OF OPERA	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONS								ONSIDERED IN	l CERTIFYII	NG	
☐ OR CONTRIBUTING (If either, notify in	Tor contributing Cause of Death (If either, notify medical examiner) P.M. Hour A.M. Month Doy Year											
While Not who	rk 🗀							City or To		County		State
causes st	22a. I certify that (I) (this haspital) attended the deceased fram 2-17-59, 19, ta 6-22-68, 19, that (I) (we) lassaw the deceased alive an 6-22-68, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abaye, (I) (we) (did) (did nat) view the body after death.											
22b. SIGNATURE	ebr	18%	Suller	In G	GREE PHYS.	無	MED. DIRECTOR	STA PHY	s. 🗆 6	-24-68		
22d. PHYSICIAN'S NAME (Type)	Albert	E. Bunk	er, M. D.		27e. Al 200	DRESS Md. A	lve.,	Cambri	dge,Mar	yland	216	13
23o. BURIAL, CREMATION	N, Jab. D.	ATE 25, 19	68 St. Th	CEMETERY C	Church	vard	23d. L	ocation (Gr	y or Town)	(County) Mary L	and (Sio	ite)

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then pleose fremene carbon papers should be filed with the State Dept. of Heolth prior to burial, cremotian, or removal, and in ony event, within 72 is VR A15 30M REV.

Unerol 2 death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physician.

24. FUNERAL DIRECTOR ADDRESS
LeCompte Funeral Service, Cambridge, Maryland

25o. REC'D BY REGISTRAR 1968 25b. REGISTRAR'S SIGNATURE

TUSKE 2701.52 Later Render 7, 1, 2 . is -revicual. Derigable the empirisation and describe nacil to the special and selection beauty of CEORITE C I. 67 thou mino from some will be the fit THE METERS OF THE PARTY OF THE SERIE Annigories in this come all their and a vice and a complete of Burgers and recipit the frame of the control of the and the state of the contract the state of t

FOR STATE HEALTH DEPT. and 2 with the State Department of

after death.

Health priar to burial, crematian, or remayal, and in any event within 72 haurs

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

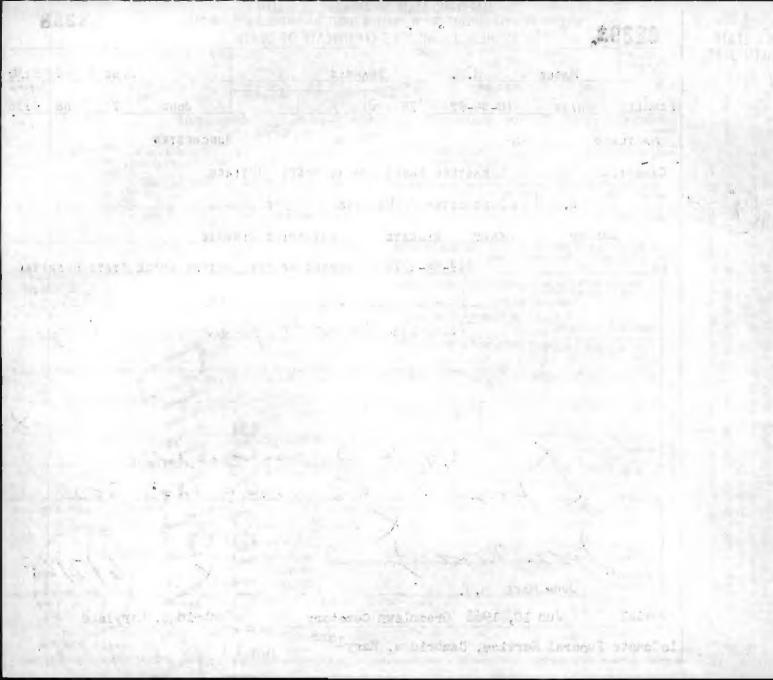
08398

	ECEASED-NAME	Fii	st	Mid	dle		La	t			Doy Year	2b. HOUR	
1	(ype or Print)	MABI	LE	H.W.		BR	AMBLE			DEATH MATED JUN	E 7 196	8 5:30	
3. SE	X	4. RACE	S. DATE O		6. AGE	(In years intriday)	IF UNDER 1 Y	AR IF UNDER	24 HRS	2c. DATE PRONOUNCED DEAD		2d. HOUT	
FE	MALE	WHITE	10	-04~92	75	YRS.	months o	113 110013	and to	Manth JUNE Day 7	Year 1968	5:30	
	BIRTHPLACE (Stol		7b. CITIZEN O	F WHAT COUNTRY?	8		-	MARRIED [	9. COU	INTY OF DEATH		P.M	
coun	MARYLA	N D	USA			WIDO	WED 🔽	DIVORCED [		DORCHESTER		Md.	
10. 0	ITY OR TOWN O	F DEATH		I. NAME OF HOSPITA	L OR INS	TITUTION	(If not in has				12b. KIND OF BUS INDUSTRY	SINESS OR	
	AMBRID	GE		EASTERN	SHOP	E S	TA TE	OSP	RETI		NDU31K7		
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER												
- 00	dmission) STATI	Mn		ORCHESTER		WING	SATE _	YES .	№ □				
14. F	ATHER'S NAME	First	M	iddle	Lost		IS. MOTHER'S	MAIDEN NAME	First	Middle	Las	st	
		DSEPH		NRY WI	NGAT	E.	KA	HERINE	WIN	GATE			
	WAS DECEASED ET es, no, or unknow	VER IN U.S. ARMEI	O FORCES? ve war or dates of sen	16b. SOCIAL SE	URITY NO	1	7. INFORMANT		-	ADDRESS			
	0	(ii yes gi	A6 MOI OI OO 62 OJ 341	217-54	-507	14	RECOR	S OF T	HE	ASTERN SHORE ST	ATE HOS	PLTAL	
	18. CAUSE OF	F DEATH (Enter o	only one couse	per line far (a), (b),	and (c).)		1		F		APPROXIMATI BETWEEN ONSE		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jermine Ineumonia 3 days												
	887	X	DUE TO	, OR AS A CONSEQU	ENCE OF				,		0 /	/	
		ony, which gave diate cause (a),		In	w	u )	rece	R.	1e	m	of das	90	
		nderlying couse		, OR AS A CONSEQU	ENCE OF						1		
	kst. (c)												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
z	904.7												
CERTIFICATION	190. DATE OF C	OPERATION		19b. CONDITIO		HICH OPE	RATION				20. AUTOPSY?		
TIFIC				WAS PERI	URMED?						YES 🗌	NO.	
	21g. EXTERNAL			IE OF INJURY Month, I	oy, Yeor	2	Ic HOW INJUR	Y OCCURRED (E	nter notu	re of injury in Port 1 or Port 2, Ite	m 18.)		
MEDICAL	CAUSE OF DEAT	OR CONTRIBUTING	NO.	P.M. 5/3	1 196	7	106	1-2	1	rossital			
ME	21d. INJURY OC	,		IRY (At hame farm,	street,	2	If. LOCATION S	reet or R.F.D. No	1.	City or Town	County	Stote	
	AT WORK	NOT WHILE AT WORK	factory, office bi	Jilding, erc.)	1		(G	me	2	5 md. C	200.		
	220. 1	certify that I	took charge	of the remains d	escribe	d above	, held an	Autopsy	Ins	spection , Inquiry	, and in n	ny apinion	
		esulted fram:			cciden		Suicide [	], Hamici		Undetermined manner [		, , , , ,	
		0				1		CHIEF MEDICAL	,				
	ACTUAL SIGNATURE	CAZ	2m/	21-	, 5	1	MID	ASSISTANT MEL			GNED/	110	
	EXAMINER'S	1	7		1		m,D.	DEPUTY MEDIC	AL EXAMI	INER D	.///	68	
	NAME (Type)	<b>Јо</b> н	N MACE	M.D.						iwn, or coonty)	11		
23a.	BURIAL, CREMA	ATION, 23	b. DATE		AME OF C	EMETERY	OR CREMATO	У	23d.	LOCATION (City or Town)	(County) (S	State)	
I	REMOVAL Spec	J1	un 10,	1968 Gre	enla	wn (	Cemeter	У		Cambridge, Mary	land		
24.	FUNERAL DIRECT	TOR			ADDRES	5	nan	2So. REC	D BY REC	1.700			
Le	Compte	Funera.	L Servi	ce, Cambr	idge	, Ma	ary	DATE	IN I	4 1968 jalian	cas judy	- Sins	

DATEJUN 14

VR A15ME 10M REV. 1.

TO DEPUTY



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending offician and campletely filled in by the based director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and it any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

Page 4 may be retained by the haspital or attending physician.

VR A15 (1) 30M REV. 1308

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

38399

1	66699#				EKIII	PICALE OF	DEATH			300	000	
1.	DECEASED-NAME (Type or print)	MARTI	N	Middle L.		Lost BRAMBLE	3	20. DATE OF D	Month Doy June 24	1988	2b. HOUR	
	Male Male		4. RACE Wh	ite		S. DATE OF E	7, <b>1</b> 8	71	b. AGE (In years lost hirthday) 96 YRS.	IF UNDER 1 YEAR MONTHS QAYS	IF UNDER 24 HRS. HOURS MIN.	
70.	BIRTHPLACE (Stote or Duntry) Maryla:	foreign 76 nd	O. CITIZEN OF WHA		WIDOW	- Compa	RRIED	9. COUNTY OF D Dorche			Md.	
C	ambridge		give stru Cam	e of Hospital OR INS eet oddress) Dridge Md	. Ho	spital			(ind of work done e even if retired.)	12b. KIND OF		
13a	o. USUAL RESIDENCE (Nimission) STATE Ma	Where deceased	lived, if institution 13b. COUNTY DO	rchester		or town	YES NO	MITS? 13e. STRE	None			
14.	. FATHER'S NAME	First Za <b>kie</b>	Middle	lost Bramble		15. MOTHER'S N	AIDEN NAME F	rigette	Middle		lost ?	
16	Yes, 00, or unknown)	R IN U.S. ARMED		66. SOCIAL SECURITY N	10.	17. INFORMANT LeCompt	e Fune:	ral Serv	Address ice recor			
	18. CAUSE OF DEA PART 1. DEATH Conditions, if ony, rise to immediate stating the under	WAS CAUSED B IMMEDIATE which gove couse (o),(	CAUSE (o) DUE TO, OR AS	for (o), (b), ond (c).  A CONSEQUENCE OF	VV.	TRIT	701				MAYE INTERVAL INSET AND DEATH	
CEDTIFICATION	77/1-	E	XTR	H OPERATION WAS PER		D TO THE TERMINA  COO. AUTO YES	OPSY?	20b. IF Y	IN PART 1(0) ES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CE	ERTIFYING	
MEDICAL CED.		CAUSE OF DEATH	P.M.	Month Doy Yeor					in Part 1 or Port 2, I	tem 18.)		
AAS	While Not whi	le 🗆	10	T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.		1/2		01	r Town	County	Stote	
	saw the d	220. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 19 and that (I) (we) last saw the deceased alive on 19 and thou in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady ofter death.										
	22b_SIGNATURE 22d. PHYSICIAN'S NAME (Type)	W. E	Jun - Gy	19/2/ 18/	U	ATTENDI PHYS. 22a-AD	DI DI	RED. IRECTOR   Pred	STAFF PHYS. DE	ATE SIGNED	768	
L	o. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DAI June	26, 196	8 Sandy	CEMETERY Isla	or crematory and Cemet			ins, Dor.	Co., Mc	(State)	
24	. FUNERAL DIRECTOR		0	ADDRESS	l ca	Manuelan	2So. REC'D B'	Y REGISTRAR	25b. REGISTRAR'S	SIGNATURE		

233 Section 2 and the section of the sec  $\mathcal{L}_{i}^{*}$  .  $\mathcal{L}_{i}^{*}$ TALBUTA Table 1 a continuent in 1 lines of a tomath THE DESCRIPTION OF THE PARTY OF efernal . eff. correct to 1.90° lat the payrole. eres dure to lot to the transfer four . In. 186. the later of the second second

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2g DATE OF DEATH 1. DECEASED NAME First 2b. HOUR JUNE Month death (Type or print) Day Fimer 4 RACE 6 AGE (In years IF UNDER 1 YEAR last birthdowl White 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED U.S WIDOWED 3 onchester 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Eastern Shore State Hoxpital during most of working life, even if refired) Rail road Man INDUSTRY Cambridge Railroad City USE CITY LIMITS? RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY 501 Walnut Street YES NO Middle John Brimer Martha Turner 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give war or dates at service) Eastern Shore State / tos unk. hed ical Records -18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY ACUTE CONGESTIVE FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave PNEUMONITIS. 1 WK rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. 4741 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) APTERIOSCLEROSIS AND CHRONIC BRAIN SYNDROME GENERALIZED 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. City or Town County State

While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 8 JONE, 1968, to 1968, to 1968, inat (I) (we) lost the deceased alive an 9 JUNE 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING DIRECTOR 22e. ADDRESS 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 6-11-1968 Nelson Cemetery New Church - Accom. -Va. 2So. REC'D BY REGISTRAR

O FUNERAL DIRECTOR: After this certificate has been director, page 3 successful be filed with the S VR A15 (4) 30M REV. 1/68

within 24 haurs after death

law requires that the death certificate be executed

by the haspital ar attending physician.

be retained

signed by the attending physician and con burial-transit permit. Then please remay

the

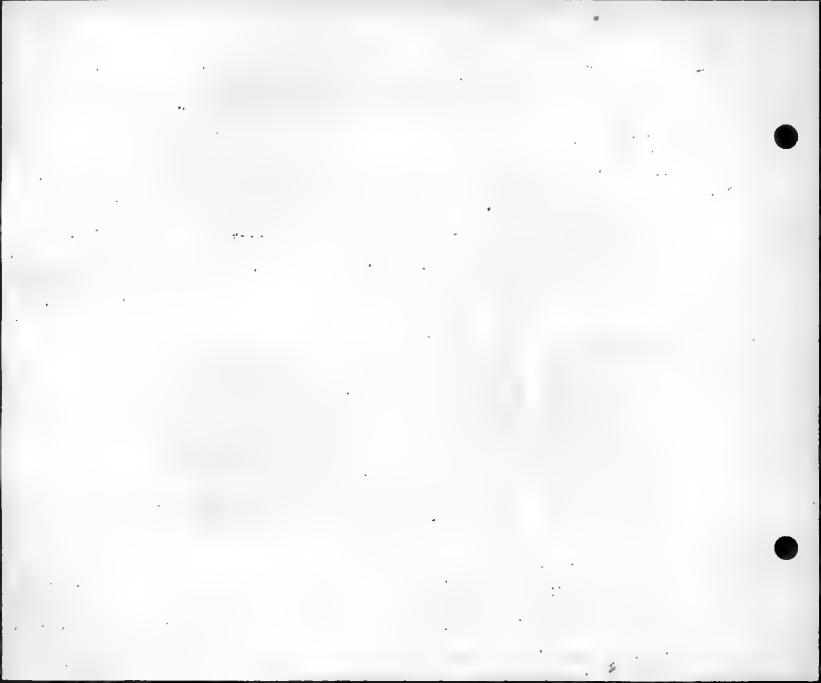
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pletely filled in by the funeral carbon payers. Pages 1 and

ADDRESS **HUNERAL DIRECTOR** Pocomoke City, Md. DAILIN 12 1968

(County)

2Sb. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 1 DECEASED-NAME First 2a, DATE OF DEATH 2b. HOJR puo (Type or print) RVING 3. SEX IF UNDER 1 YEAR 6. AGE (In years last birthday) HOURS 03-25-NeaRO 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign B. MARRIED 🔼 NEVER MARRIED 🗀 9. COUNTY OF DEATH requires that the death certificate be executed within 24 ha country) WIDOWED | DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast, of working life, even if retired) RURAL-CAMBRIDGE Eastern carb 130 US\_AL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d. MS.DE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY remove noores ava. 14. FATHER'S NAME Lost 7300000000000 LEONARD BRYAN CHESTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na. or unknown) [If yes give war or dates of service] signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate cause (o), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES FOR NO I O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCORRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exammer) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET FACTORY, 21f. LOCATION Street or R.F.D. No. Stote City or Town County OFFICE BUILDING, ETC While Not while at work causes stated abave, (I) (we) (did) (did not) view the body after death. 22b, SIGNATORE 22c. DATE SIGNED ATTENDING DEGREE PHYS 22e. ADDRESS 22 d. PHYSICIAN'S NAME (Type) director, shauld b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BUR AL, CREMATION (County) (State) OLDFTELD. DOR ADDRESS 25g. REC'D BY REGISTRAR 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH





#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

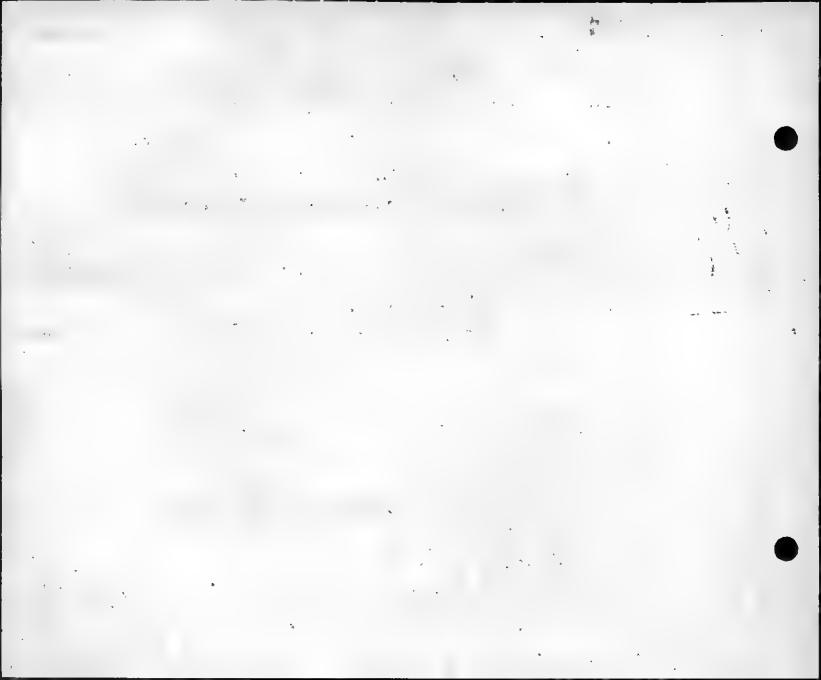
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					,	EKIIFIC	AIE OF D	EAIH				
Ī		EASED-NAME	First		Middle		Last		2a. DATE OF DE			2b. HOUR
- 1	(1)	pe or print)	Ruth	1	Helen		Dayton		T.	Month Day	Year	RLAA
	SE)	(	•	4. RACE			S DATE OF BIRT		6.	AGE (in years	IF UNDER YEAR	IF UNDER 24 HRS.
l		Female		Whit	0		Mar	ch 15	1 1	ast birthday) 38 YRS.	MONTHS DAYS	HOURS MIN.
	7a B	RTHPLACE (State or	fareign 🚚 7	'b CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MARRI	ED P	COUNTY OF DE			
	caun	יא) ויולי	7	U.S.	<u>-</u>	WIDOWED	DIVORC		Dor	chester		Mo
	10. CI	or town of de Cambri		11 N/ guye s Ca	AME OF HOSPITAL OR INS itreet address) mbridge –	ititution (if n Md., Ho	otin hospitol spital			nd of work done , even if retired)	12b. KIND OF INDUSTRY	BUSINESS OR
* (	i3e odmis	JSUAL RESIDENCE (V sian) STATE	Vhere deceased √ cl.	lived, if institute	an: Residence before	136. CITY OR	10WN 13	d INSIDE CTY LIMI	- Joseph	te #2		
	14. F	ATHER'S NAME	First	Middle	Last		. MOTHER'S MAIC		st .	Middle		Last
		Rus	sell	G.	Sta	ck		Rut	h		Ba	angert
ı		WAS DECEASED EVER			16b SOCIAL SECURITY N	17. 1	NFORMANT			Address		
	Ϋ́	s, no. or unknown)	( s Ant Brain with	or dates of service)		H	arl F.	Dayto	n RD	2 Leona	rdtowr	Md.
Ī					ne far (a), (b), and (c).	)	<u> </u>		λ			IMATE INTERVAL ONSET AND DEATH
1		PART 1 DEATH	WAS CAUSED	BY: E CAUSE (0)	Menoc	necl	nom	n 0	x he	dht	-	
- 1	- 1	174 X			A CONSEQUENCE OF	_	,			7	-	
ı	- [	Canditians, if any,	which gove)	(6)	reast	61917	h me	070	SIdse	= 5	1.51	lears
	- 1	rise to immediate stating the underl		DUE TO, OR A	S A CONSEQUENCE OF					-0		
J	- 1	last.	Aud consal	(d)								
1	ı	PART 2 OTHER SIG	NIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL (	DISEASE OR CO	NDITION GIVEN IN	PART 1(a)		
_	_	11. 4										
4	CATION	199 DATE OF OPERA	TION 196 CO	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPS	Υ?		, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
3	副	Aug, 196	6 CM	7 bre	95/		YES 🔲	NO 🖊	CAUSES OF	DEATH2		
П	8	21a. WCCIDENT WA				21c. H	OW INJURY OCCU	RRED (Enter i	nature of injury i	Part 1 or Part 2,	Item 18.)	
1	MEDICAL	OR CONTRIBUTING [		r) HOUR A.M.	Manth Day Year	,						
	ME	21d INJURY OCCUR While Not while	PEN 21a P		AT HOME, FARM STREET, FAC OFFICE BUILDING ETC.		CATION Street	ar R.F.D. No.	City or	Tawn	County	State
ı		at work — at work		1 2 1 1	1 1 1 1	11	1110	10.6	lum to 14	//- / -7 10	6411	(1) ( ) )
П	_	220. I certity t	nat (I) (this	nospital) are	ended the decease	0 11000	d that in (my)	, 19 <u>_</u> \ (our) opin	ion dooth occ	urred on the do	to and hour	t (I) (we) los
1	Į	couses sto	ted obove,	(I) (we) (did)	(did not) view the	body ofter	death.	, (ooi) opiii	ion decim occ	oned on the do	ile olla nool	Olia IIOIII III
1		226 SIGNATURE	)	77	/ ~			***			DATE SIGNED	- 0
ı	٨	Loeve	2/2	Ke	rdell	DEGR	AFTENDING PHYS.	DIR	ECTOR P	TAFF D/7	Tune	60
	1	22d. PHYSICIAN'S NAME (Type)	100	15 11	2	11-	22e ADDRE	ESS	100	7 /	/	MOV
		uwwr (1 Abs)	Leu	15/9.	Durge,	11E	4740	arvva	5%, (	ambro	de, 1	17/4
	23 a	BURIAL, CREMATION			23c. NAME OF				23d. LOCATION		((ounty)	(State)
	_	REMOVAL (Specify)	6/	19/68		Mark				Market		Md.
ŀ	24.	FUNERAL DIRECTOR		/ /	ADDRESS	76-2		So REC'D BY	and the second	2Sb. REGISTRAR'S		1.0
		/ Jenes	JR M	Lover 4	Cambrid	ge Mo		DATEJUN	26 1961	1 King	des Ju	7

ate be executed within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the haspital ar attending physician.



law requires that the death certificate be executed within 24

physician and campletely fille

signed by the attending physician and various carban burint-transit permit. Then please remave carban

cremation, ar remaval, and in

far use as the t f Health priar to b

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CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 2a. DATE OF DEATH First 2b. HOUR (Type or print) Joh 4. RACE IF LINDER 24 HRS. 6. AGE (In years SE JUNDER 1 YEAR last birthdovi White MALE 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED orchester USA DIVORCED [ WIDOWED W 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR give street address) Shore during most of working life, even if retired ) INDUSTRY 40 SAllor-Waterman 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before ISC CITY OR TOWN 13d. INSIDE CITY \_ MITS? admission) STATE 13b. COUNTY YES NO Church 14 FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First Middle Last 16g. WAS DECEASED EVER IN U.S. APMED FORCES? 166-SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, (na.)or unknown) 213-22-7826 NorA hurch 18. CAUSE OF DEATH (Enter only one cause per light for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO F

21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)

Month Doy Year

21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, ) 21f. LOCATION Street of R.F.D. No. City or Town

County

State

22a. I certify that (this haspital) attended the deceased fram 1-17-65-19, ta 6-2-68, 19, that (we) last sow the deceased alive on 6-2-68, 19, ond that irr (my) (copinion death occurred on the date and hour and from the couses stated above?(1) (ver) (did) (did not) view the body after death. 22b. SIGNATURE

PM.

ATTENDING DEGREE PHYS

DIRECTOR

LOCATION, (City or Town)

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS NAME OF CEMETERY OR EREMATORY

TO FUNERAL DIRECTOR: After this certificate has been

director, pag≡ 3

(If either, notify medical examiner)

21d. INJURY OCCURRED

While Nat while at work

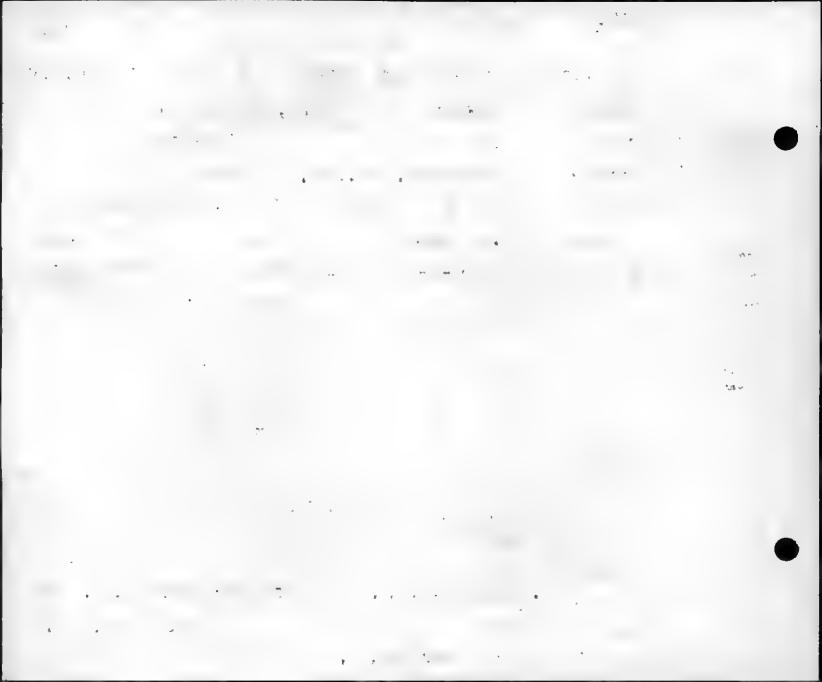
230 BURIAL, CREMATION

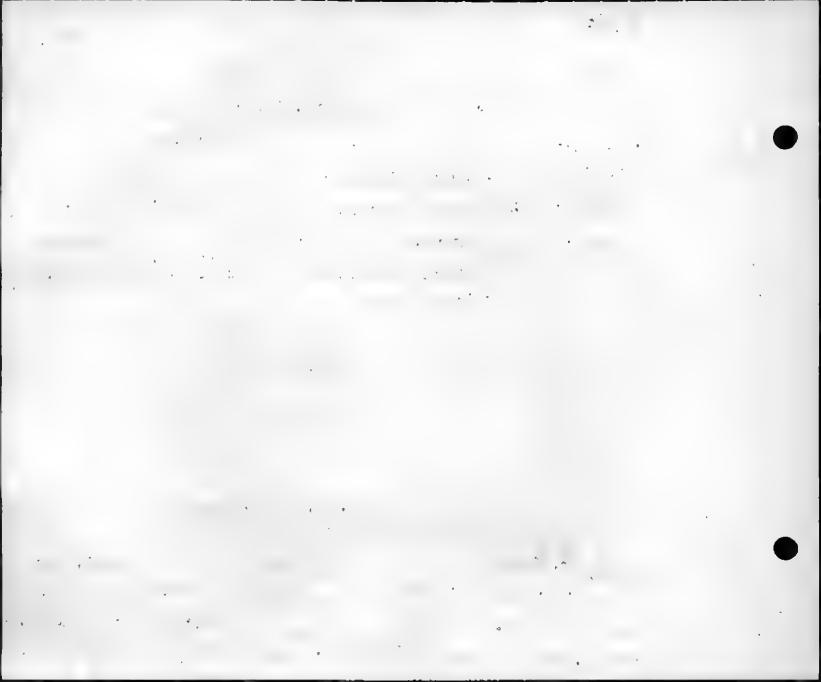
REC'D BY REGISTRAR





MARYLAND STATE DEPARTMENT OF HEALTH 08401 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours after death. after death puo (Type or print) JUNE SUDIA JACKSON GIBSON 7:15 DM GREEN 3. SEX 4 RACE S. DATE OF BIRTH SF UNDER 1 YEAR 6. AGE (In years lost birthday) HOURS FEB. 6, 1877 FEMALE NEGROID 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🔚 NEVER MARRIED 🗍 DIVORCED [ WIDOWED [ DORGHESTER MAR YLAND USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR CAMBRIDGE MD. during most of working life, even if retired.) INDUSTRY corbon CAMBRIDGE 130. USUAL RESIDENCE (Where deceased lived, if institut on, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmicson Y TAND 13 DORCHESTER ind to. YES 📆 NO T CAMBRIDGE 806 HIGH STREET 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost THOMAS JACKSON **JEWS** MARY 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no. or unknown) 217-30-8653 806 HGH STREET WELDON GREEN signed by the attending 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arterioscleroti Cardiovascular renal DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) disease rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF attending physicion. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 'O FUNERAL DIRECTOR: After this certificate has been the of Health prior to CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🗺 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (I) (this haspital) attended the deceased from 110V . 20 . , 1967, to June 6 . , 1968, that (I) (we) last saw the deceased prove an 1960, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased phys an\_ causes stated above (1) (wait did) (did nat) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 7, 1968 June DEGREE 22d. PHYSICIA 22e ADDRESS NAME (Type) EDWIN FASSETT, M. D. 623 HIGH STREET director, should b 21613 CAMBRIDGE. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (Stote) 6/9/68 WAUGH CAMBRIDGE DOR 250 REC'D BY REGISTRAR 25h REGISTRAR S.S. GNATURE ADDRESS. 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 CAMBRIDGE. MD.





## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ype or print)		Middle	lost		20 DATE C	F DEATH Manth	Day	Year	2b. HOU	-
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3. SI		4. RACE	1-		OF BIRTH	1081	6 AGE (In years lost birthday)	MDMT		IF UNDER 24 HE HDURS M	
	na/e	7b. CITIZEN OF WHAT	7e			887	180	/RS			_
сош	BIRTHPLACE (State ar fareign	7 d. CHIZEN OF WHAT	- 4	ARRIED 🔀 NEVER	MARRIED			OP		~	
	ERMANU	11 NAM	E OF HOSPITAL OR INSTITUT	- Innered	lund		Chest N (Kind of work do	200 II	2b KIND OF B	RIJSINESS OR	Mc
	Ambrida	g.ve stre	eet gddress)		during m	nost of work n	a ife, even if retire	d) [N	NDUSTRY	703111L33 CK	
	uSUAL RESIDENCE (Where dece	osed lived, if institution	STEENSHORE 134	CTY OR TOWN	138 INSIDE CITY	timits?  3e S	TREET AND NUMBER	er.			-
adm	na Ry land	13- COUNTY /		Censber	PO YES N	10 🔀	A Company of the Comp	ne-	-		
14.	ATHER'S NAME First	Middle	Lost	. ,	S MAIDEN NAME	First	Midd	e	7	Lost	
	Mich	ne/	HAASS		海	at e	Not/	15/6	20		
1óa	WAS DECEASED EVER IN U.S. A	(anuna for detes of senura)	6b SOCIAL SECURITY NO.	17 INFORMAN	71	C1	Addres	5	,0	1	1
1	es, no, ar unknawn) (If yes giv		Vot listed	EASTO	RNAMOI	ec ata	C NOSP.	1/kc	1. Rec	ANTE INTERVAL	1
	18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		The second of th	1.1.04	00.01	1 -1-	1 d = 10	,		NSET AND DEATH	_
		DIATE CAUSE (a)	22111111	MYOCH	KUIAL	INFF	INCTION		4	725	
	Conditions, if any, which gav		A CONSEQUENCE OF	-D A	RTERIO	-01	21201		AT LE	GASY	
	nse ta immediate cause (a	), (b) (b)	A CONSEQUENCE OF	ED H	KIEKIO	SCUS	140512		ONE	MON	11
П	stating the underlying caus	e (c)	K CONSEGUENCE OF								
П	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RE	LATED TO THE JER	MINAL DISEASE OR	CONDITION GIV	EN IN PART I(A)				=
2	Chronic Gra	in Dunds	me: Chri	mir B	wardent	11: 2	in thy	alu.	a-		
CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH	TOPERATION WAS PERFOR	VIED 20c.	AUTOPSY?		IF YES, WERE FINDING	IGS CONSII	DERED IN CE	RTIFYING	
RTE					S NO [						
\ <u>S</u>	21a. ACCIDENT WAS UNDERLY  DR CONTRIBUTING CAUSE OF D	with the state of	NJURY Month Doy Year	21c. HOW INJUR	Y OCCURRED (Ent	er noture of in	jury in Port 1 or Pai	rt 2, Item	18.)		
MEDIC	(If either, notify medical exa	miner) P.M	19							41 :	
≥	21d INJURY OCCURRED 2: While Not while	B. PLACE OF INJURY	T HOME, FARM, STREET, FACEDRY, FRICE BUILDING, ETC.	21F LOCATION	Street or R.F.D. No	0. (1	ty or Tawn	Lo	ounty	State	
	22a. I certify that #-(	this hasnital) attan	dad the decorred fr	om #3 = 7	10,	1-22 to	1- 3-	10 / 5	7 that	10 (wa) 1	-
ı	tour the decoared	alive on to-	3 - 19/1	and that I	n (my) (***) ap	oinian death	accurred an th	e date c	and hour o	and fram i	th:
ı	causes stated abo	ye, (I) (\(\frac{1}{2}\) (e) (e)	id not) view the bady	after death.							
1	22b. SIGNATURE	1				MED.	STAFF TX	22c DATE	SIGNED 2	8	
	22d. PHYSICIAN'S	ellos		DEGREE PH	ADDRESS 4	DIRECTOR -	PHYS.	6	7 ~ 6		_
L	NAME (Type) EDV	VARD LE	-WIS JR.	MD	ESS4,	. CAN	1812106	5.	MD	_	
23a		b. DATE	23c NAME OF CEME	TERY OR CREMATO	RY	23dy LOCA	NON (City or Town)	(0	ounty)	(Stote)	
	FREMOVAL (Specify)	0-5-68	Dreen	Doro	1	Are	onstroro	Caro	Onies	mel	p
24	FUNERAL DIRECTOR	0 '	ADDRESS (	) ~		BY REGISTRAR	968 REGIST	AR'S SIGN	ATUR Dece	de	
6	worm 4 120	uXa.A	Lower DY	Jones 0	DATE JU	N 5			1	U	

DATE JUN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: "Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Beath certificats be executed within 24 hours Page 4 may be retained by the hospital or attending physician. 30M REVISOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PRESTON STREET, BALTIMORE, MARYLAND 21201

26

				(	ERTI	FICATE OF DEATH					
	EASED-NAME pe or print)	First PERCY		LIOI/d		last HENR <b>Y</b>		JUNE 20, 1968	Year	25. HOUS 2:30 N	
3. SEX	MALE		4. RACE WH E	TE		S. DATE OF BIRTH 5/23/90			IF UNDER I YEAR NONTHS OAYS	1F JHDER 24 HRS. Hours Min	
caunt	Mo.			U.S.	WIDOV			NTY OF DEATH DORCHESTER  JPATION (Kind of work done	TAL MILE OF	Md	
R	TY OR TOWN OF DE	BRIDGE	E A		E ST	ATE HOSP . dung	nast/at y	vorking life, event retired	126 KIND OF INDUSTRY	RIDZINE22 OK	
admis	sion) STATE		13b. COUNTY	DOR •		NEW MARKESTA	10 🗌	13e. STREET AND NUMBER			
	ATHERS NAME EORGE NO.	First HENRY	Middle	Lost		15 MOTHER'S MAIDEN NAME	First	Medr	5	Last	
láo. Ye	was deceased evel s, no or unknown) NO	R IN U.S. ARMED	FORCES? or dates of service)	16b. SOCIAL SECURITY M 212-16-749		17. INFORMANT HOSPITAL REC	ORD	Address S		IMAYE INTERVAL	
	PART I. DEATH  H X S X  Canditions, if any, rise to immediate stating the under last.	WAS CAUSED ( IMMEDIATE which gave) a cause (a), ( lying cause)	DUE TO, OR (c)	AS A CONSEQUENCE OF	cky.	Julingua D TO THE TERMINAL DISEASE OR	CONDITI	ON GIVEN IN PART 1(a)	BETWEEN O	ONSET AND OBATH	
S	19a. DATE OF OPERA			IICH OPERATION WAS PE				20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	nsidered in Ci	ERTIFYING	
₹	21a. ACCIDENT WA OR CONTRIBUTING [ (If either, notify m	CAUSE OF DEATH	HOUR A.M.	Manth Day Year		c. HOW INJURY OCCURRED (Ent	er natur	e of injury in Part 1 or Port 2, It	em 18.)		
	21d. INJURY OCCUI While Not whi	RRED 21e PI	ACE OF INJURY			F LOCATION Street or R F.D. N		City or Town	County	Stote	
	220. I certify that (1) (this hospital) ottended the deceosed from 6/8, 1968, to 6/20, 1968, that (1) (we) last sow the deceosed alive on 6/20, 1968, and thot in (my) (aur) apinion death occurred on the dote and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death.										
	22b. SIGNATURE	· Mh	Horn	The Vin	0.	DEGREE PHYS	MED. Directo	R PHYS.	ATE SIGNED 6/20/68	В	
				NGUTZ, M.D				L, CAMBRIDGE, 1			
6	BOR AL (REMATION REMOVAL (Specify) FUNERAL DIRECTOR	161	23/6	23 NAME OF ADDRESS	14	OR CREMATORY  RES MASSA REC'D	6	COCATION (City or Town)  STRAR 2Sb. REGISTRAR'S ST	(County)	(Stote)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicipal and completely filled in by the Disercal director, page 3 should be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages Lend 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and reagnessort, within 72 hours after death. 2 VR A15 (1) 68

10 HOSPITAL OR ATTENDING PHYSICIAN: Th■ law requires that the death certificate bg executed within 24 hours

Page 4 may be retained by the haspital or ottending physician.



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

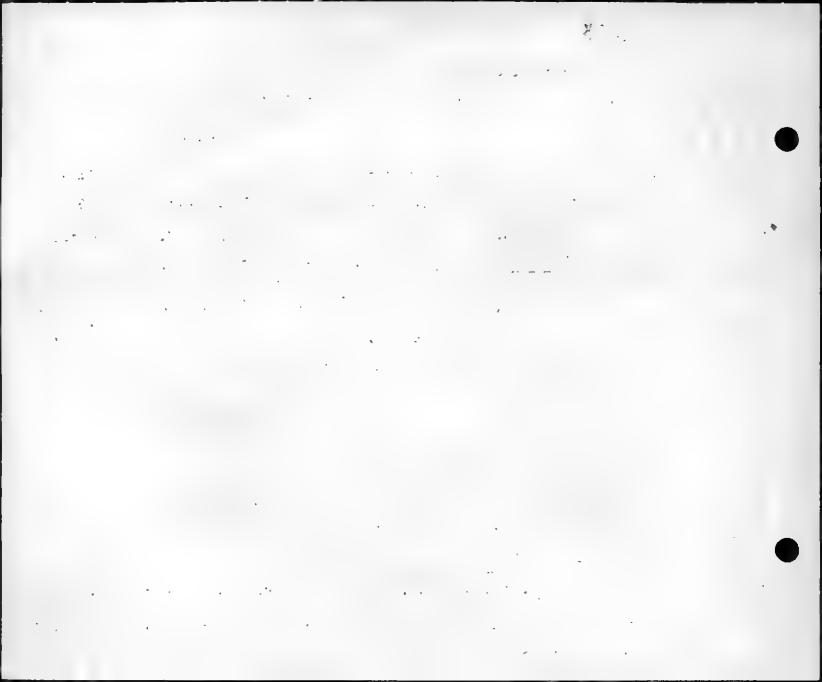
, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21
CERTIFICATE OF DEATH

1011

DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR GOLDSBOROUGH (Type or print) Z. **JAMES** 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER IL YEAR IF LINDER 24 HRS December 15, 1899 Male lost birthdoy) White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9 COUNTY OF DEATH country) Maryland Dorchester USA WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)
Town Point, during most of working life, even if refired ) Dirt Near Cambridge 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 3d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b COUNTY Dorchester Cambridge Town Point, RFD #3 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost H. Joseph James Clara М. Lankford 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) [If yes give war or dates of service] LeCompte Funeral Service records APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per\_line for (a), (b), and (c). BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [ 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) PM 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21e. PLACE OF INJURY Stote County City or Town Whife Not while at work 22b SIGNATURI 22c. DAJE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS NAME (Type) James Thompson. M.D. 602 Locust St., Cambridge. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) BEMOUNT Specify) East New Market Cemetery July 2, 1968 East New Market, Maryland 24 FUNERAL DIRECTOR 250, REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland

death. after requires that the death certificate be executed within 24 hours attending physician and campletely filled in sermit. Then please remove carban papes and in any burial-transit signed by as the has been O FUNERAL DIRECTOR: After this certificate director,

VR A15



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. コるえは CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type ar print) AND BERRYOUR OWN RAY Mother 19 1968 JUSTICE DAVID a. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR 1F UNDER 24 HRS. Male White June 19, 1968 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Maryland Dorchester USA WIDOWED [7] DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane signed by the attending physician and campletely fille burial-transit permit—Then please remave carban pa burial, crematian, ar remaval, and in any event, within 12b KIND OF BUSINESS OR during most of working life, even if retired ) Cambrid ge uve street oddress) Cambridge Md. Hospital INDUSTRY IVOISE None 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Dorchester Cambridge YESX 112 High Street 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middie First Justice Ray Francis Donna Jean Meredith 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) LeCompte Funeral Service records None 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN DISST AND DEATH -5-7-124-BORN PREMATURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🗔 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IB.) 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while 22a. I certify that (I) (this haspital) attended the deceased from 6—(9, 1968, to 6—(9, 1968, to 1968, that (I) (we) last saw the deceased alive an 6—(9, 1968, and that in (my) (our) apinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED.
DIRECTOR 1-21-68 " DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) JAMES F. MECARTER MP CARDRIDGE, MD. 21613 DUK 386 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUR AL CREMATION, (County) REMOYAL (Specify) June 20 1968 Dorchester Memorial Park Cambridge, Maryland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR LeCompte Funeral Service, Cambridge, Maryland DATE 111N 2 4 1968

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

gertificate be executed within 24 haurs after death.

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	COLOR	DIVISION O	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
	ひと気じる			CERTIFICATE OF DEATH		12					
	CEASED NAME	First	M ddle	Last	20 DATE OF DEATH	2b. HOUR					
(1	ype or print)	Alice	R.	LeisheAR	Month Doy	7 68 4:45AM					
3 SE	X	4 RACE		S. DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR   IF UNDER 24 HRS.					
L	emale	wh	ite	8-10-7	last birthday) YRS.	MONTHS DAYS HOURS MIN					
70 E	BIRTHPLACE (State or for	reign 7b. CITIZEN OF V	VHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH						
coun	PARU AN	id les	5.A	WIDOWED TO DIVORCED	Dorchester	× Md					
10 0	ITY OR TOWN OF DEATH			ISTITUTION (If not in hospital 12a USE	IAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR					
C	Ambridge	(RUPAI)	street oddress) Sho		nost of working life, even if retired )	INDUSTRY					
		re deceased lived, if institu				nt i					
oami	STATE ACLA	NO DOG	chester	- 110C /CC1 X	5. MAIN	Street					
14. F	ATHER'S NAME FIR	st Middle	Lost	15 MOTHER'S MAIDEN NAME	First Middle	Lost					
	Th	omA5	Cole.	IN Elexi	NA ColeiN						
160.	WAS DECEASED EVER IN	LG.S ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY	1 1 10	Address	1 1					
U	es, no, or unknown)	(1) 12 (10 10 10 10 10 10 10 10 10 10 10 10 10 1	Not list	ed EASTERN Shore	State Hosp ( Med	dical Kecardy					
	18. CAUSE OF DEATH	(Enter only one couse per	line for (o), (b), and (a	).}		APPROXIMATE INTERVAL  GETWEEN ONSET AND GEATH					
	PART I. DEATH W.	AS CAUSED BY  IMMEDIATE CAUSE (6)	Preum	en itvo		10 Hours					
	486X		AS A CONSEQUENCE OF	•							
	Conditions, if ony, whi										
	rise to immediate co stating the underlyin		AS A CONSEQUENCE O								
	lost. 492 x	9 (0)									
	1 1 10	ICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(o)						
25	athera Sc	la tente	denia	Rhow told attite	Heatal Harner	4					
\TIO!	190 DATE OF OPERATION	N 19b. CONDITION FOR W	HICH OPERATION WAS P		206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING					
MEDICAL CERTIFICATION	_	_		YES NO	CAUSES OF DEATH?						
CER.	21o. ACCIDENT WAS U				er noture of injury in Port 1 or Port 2, 1	tem 18.)					
)[CAI	OR CONTRIBUTING CA			r 19							
MEI	21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, F	ACTORY.) 211 LOCATION Street or R.F.D. N	o. City or Town	County State					
	While Not while of work		COLLEGE BUILDING, ELC.	1							
	22a. I certify tha	t 🙀 (this haspital) at	tended the decea	sed from 4 -8 - 60 , 19	, ta						
	saw the dece	eased alive an 6 -	- 16-68	.19, and that in (my) (o <del>or)</del> ap	pinian death accurred an the da	te and hour and fram the					
	71	d abave, (I) (we) (did	) (cleaner) view the	bady affer death.	20. 1	DATE CIGNIED					
	22b SIGNATURE	4/(1)	V	DEGREE PHYS	MED STAFE - 1/1/	PATE SIGNED					
	22d. PHYS CIAN'S	o company	- ,,	DEGREE PHYS. 22e ADDRESS	DIRECTOR PHYS. LL	Z 5~68					
	NAME (Type)	derhew H	Kuntin	WW 1604 N (	Colvert St But	Oto Vad					
230.	BURIAL, CREMATION,	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)					
	BUTLAT	July 1		oudon Park	Frederick Ave.	Balto. Md.					
24	CUNEDAL DIDECTOR	3-47 4	ADDRES		DV DECISTRAD						

4107 Wilkens Ave. 21229

1968

**TO FUNERAL DIRECTOR:** After this cerificote has been signed by the ottending physician on a completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages should be filed with the State Dept. at Health prior to burial, cremation, or removal, and locary event, within 72 hours after Page 4 may be retained by the hospital or attending physicion. VR A15 30M REV M

Howard H. Hubbard

emove carbon popers. Pages I and 2 any event, within 72 hours after diath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af



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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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				,	CEKIILI	CATE U	DEATH					
	ECEASED NAME	First		Middle		Lost		2a. DATE OI		_		2b. HOUR
(1	Type or print)	GEOR	JE	W.		NICHO	IS	JU	INE Month	27°	1968	11:158
3. SE	X		4. RACE			5 DATE OF			6 AGE (In y	eors	IF UNDER I YEAR MONTHS DAYS	1F UNGER 24 HRS HOURS MIN.
	MALE		-	EGORID		MAY	5, 1899		lass by the	YRS.	MONTH? OVI?	HOOK? WIN
70. E	BIRTHPLACE (State or fo	reign	7b. CITIZEN OF WH	AT COUNTRY?	8 MARRIE	NEVER M	ARRIED 9	COUNTY O	DEATH			
2001	MARYLAND		ŲSA		WIDOWE		ORCED 🔲		RCHEST			Md.
10. 0	CAMBRIDGE	H		ME OF HOSPITAL OR INS freet address) MBR LDGE MI	HOF	rrat in hospito	12a USUAL during mas	OCCUPATION	Knd af war	k dane etired)	12b, KIND OF	F BUSINESS OR ROAD
	USUAL RESIDENCE (Who	ere deceose	d lived, if institute 13b DORCH.	on Residence before	13c. CITY (	OR TOWN	34 INSIDE CHY LIMI YES NO [	TS? 13e. ST	FREET AND NUM	MBER	STREE	T
14. [	FATHER S NAME FI	st	Middle	Lost		IS MOTHER'S	MAIDEN NAME Firs	st	N	liddle		Last
	JAMES	3	OLIVER	NICHOI	S		MARY				CORNI	SH
16a.	WAS DECEASED EVER I			16b. SOCIAL SECURITY I		. INFORMANT				ddress		
ľ	(es, <b>100</b> r unknawn)	(II kas dise ear	r or dates of service)	717-07-36	99	LOLIT	A CLARK	706 1	TIMCOTV	TER	216	13
	Canditions, if any, whrise to immediate costating the underlyingst.	ich gave)	(b) C.	S A CONSEQUENCE OF  S A CONSEQUENCE OF  LSOLSO	Hyper	tensi	ve card	liova	scula	r re	nal	
_	PART 2 OTHER SIGNIF	ICANT CON	OITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED	TO THE TERMI	NAL DISEASE OR CO	ndition give	N IN PART 1(o	)		
CERTIFICATION	19a. DATE OF OPERATIO	N 19b. C	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a AL YES			F YES, WERE FII S OF DEATH?	NDINGS CO	ONSIDERED IN (	CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS C OR CONTR BUTING C (If either, notify medi	AUSE OF CEATH	HOUR A.M.	INJURY Month Doy Year		HOW INJURY	OCCURRED (Enter r	nature of inju	ury in Port 1 or	r Port 2, I	tem 18.)	-
ME	21d. INJURY OCCURRE While Not while of work	D 21e.	PLACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC				•	ar Town		County	State
	22a. I certify the saw the dec couses state	t (l) (thi: eased ali	s hospitol) of e ive an (we) (did) (	nded the decense did not view the	ed from 9, a body ofte	June nd that in ( r death.	my) (aur) apini	<u>ં</u> , ta <u>ન</u> ion death	une Z occurred or	2 19 the do	te and hour	t (I) (we) last and from the
	22b. SIGNATURE	1/2		w		OREE PHYS.	DING 🖵 MEI		STAFF PHYS.	22c [	-3-68	
	22d. PHYSICIAN'S NAME (Type)	LINCE	FAS E	гг, М.D.		22e. A	DORESS 23 HIGH	Sr.,	CAL.B	RILO	io, Md	Le
230.	BURIAL, CREMATION,	23b. D	ATE	23c. NAME OF	CEMETERY C	R CREMATORY		23d LOCAT	ON (City or To	wn)	(County)	(State)
	REMOVAL (Specify) BURTAL		7/3/68		BETHE	I.			BRIG F	5	DOR.	MD.
24	FUNERAL DIRECTOR	10	XL.	, ADDRESS			2Sa. REC'D BY		2Sb REC	SISTRAR'S	SIGNATURE	and all
	Helille	UC.	Way	CAMBR	IDGE.	MD.	DATE JU	[ - 9	1868	F	arles &	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 shauld be detached far use as the burial-transit permit. Then please remoshauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any VR A15 (4) 30M REV 1/68



director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Agges, and should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death

30M REVEN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

- 1										1.0					
		CEASED-NAME ype or print)	ALBE	RI'	Middle	1	osPi	Lost CRLUN	3	2c. l	DATE OF I	June June	DBA	1968	25 HOAR 8:10
	3. SE.	Male		4. RACE Win:	ite		5	DATE OF E	unk	-		6 AGE (in ye last bythda	eors y) YRS.	HONTHS DAYS	IF UNDER 24 HRS. HOURS MAIN
	7o. B coun	HRTHPLACE (Stote or finds) Finland		76. CITIZEN OF WHA	AT COUNTRY?		RIED _	NEVER MA	RRIED K		nty of i	DEATH hester			Mo
. 1		or town of DEA Cambridge		give st	ME OF HOSPITAL OR IN treet oddress) moridge Mo	d. H	osp.	ital				Kind of worlde, even if to		125 KIND OF I	BUSINESS OR
	13o odmi	USUAL RESIDENCE (WI ssion) STATE Max	yland	13p COUNTY D	on Res dence before			own Ldge	13d. INSIDE CITY YES N	10 <u> </u>		EET AND NUN Mary		Avenue	
	14 F	ATHER'S NAME F	ırs1	Middle unk	Lost		15.	MOTHER S A	iaiden name	First		unk	iddle		Lost
		WAS DECEASED EVER es, no. or unknown)		D FORCES? or states of service)	16b, SOCIAL SECURITY	NO.		ormant SComp	te Fun	eral	. Ser		ldress CCO:	rds	
		18. CAUSE OF DEATH N PART 1. DEATH N Conditions, if ony, we mise to ammediate a stoling the underlyit lost.	VAS CAUSED IMMEDIAT hich gove ouse (o), (	BY: E CAUSE (o) DUE TO, OR A!	S A CONSEQUENCE OF	ele			EMON ROLOVA	7			7988	BETWEEN DI	ASET AND GEATH  DNYS  ASET AND GEATH  DNYS
		PART 2. OTHER SIGN			ING TO DEATH BUT N	OT RELAT	ED TO 1	HE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN	IN PART 1(o)	)		
	CERTIFICATION	190. DATE OF OPERATION			CH OPERATION WAS PE	RFORMED	)	20o. AUT				YES, WERE FIN OF DEATH?	NDINGS C	ONSIDERED IN CE	RTIFYING
	MEDICAL CES	21o. ACCIDENT WAS DR CONTRIBUTING D  (If either, notify med	CAUSE OF DEATH	HOUR A.M. P.M.	Month Doy Year	9			CURRED (Ent		of injury	y in Port 1 or	Port 2,	Item 18.)	
		21d. INJURY OCCURR While Not while of work of work			AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.							or Town		County	Stote
		saw the de	reased ali	ve an	nded the deceas did nat) view the	960	, and	that in (r	, 19 <u>.</u> ny) ( <del>aur)</del> ar	ea_, ointan (	ta death a			68, that ate and haur	
		22b. SIGNATURE		6	lleains,		DEGREE	22e AD	DRESS	MED. DIRECTOR		STAFF PHYS.	]	DATE SIGNED	
1	230	NAME (Type) I BURIAL CREMATION,	onald		lliams, M		Y OR C	P.	0. Box			N (City or Tox		rket, Ma	Sryland (Stote)
		BENDANT (Spacity)	Jun	10 1968	Dorch	este	r M	emori	al Par	k	Camb	ridge	, Ma	ryland	(5.5.0)
	L.	funeral director eCompte Fi	meral	Service	, Cambrid	ge,	Mar	yland	DATE D	JUN	18	1668	A CO	ientes &	nogen



Area 18. Give Pages 1, Office olong with form

DICAL EXAMINER: This certificate should be executed within 24 hours ofter death

TO DEPUTY

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examine necessory, please execute the certificate, writing the word "pending" in pencil

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File

page land 2 with the State

Health prior to Lurial, crematian, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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-1		00 - 4.		MEDIC	AL EXAMI	MEK.2	EKTIFICAT	E UF DI	САІП					
1		CEASED NAME	First		M ddle		Lost				IOWN A Manth	h Doy	Yeor	2b HOUR
-1	(1)	ype or Print)	Lula	l	Todd		Phi	llips		OF E	ATED 🗍 Jur	ne 20	0 68	11Am
-	3 SE	Х	4 RACE	S DATE OF BIR	TH 6	AGE (in years					NOUNCED DEAD			2d. HOUR
-1	H	'emale	Whi te	May 22	2.1892	76 yr	MONTHS DAY	HOURS	MIN	June	Dgy-,	Ye	eor 1968	M
- 1	70 B	BIRTHPLACE (Stote		CITIZEN OF WH		_	ARRIED NEVER	MARRIED 🗍	9 (00	NTY OF DEAT	Н			
-1	caunt	try) [rd.		U.S.		WI	DOWED X	IVORCED [		Dore	chester	2		Md
	10 C	ITY OR TOWN O	DEATH	11 N/	AME OF HOSPITAL O					CUPATION (Kir	nd of work done	12b KI	IND OF BUSE	NESS OR
2		Cambri	dr e	give s	treet oddress)	chest	er Ave	dunn	g most of	f wacking life. No ker	, even if retired.)	INDUST	RY	
- [	130	USUAL RESIDEN	(E (Where deceases	flived, if institu				13d INSIDE CITY		13e. STREET /				
1	00	lmission) STATE	Ld.	13P COUNTA	rcheste	r l To	ddvill	YES 🗆	NO 📑					
	14 F/	ATHER'S NAME	First	Middle	1	lost	IS. MOTHER'S	MAIDEN NAME	First		Middle		Lost	
- [		*	'illiam	Otto	) Hu	ghes		V	ati:	lda			Dayt	on
		WAS DECEASED EV	ER IN U.S. ARMED FO	RCES?	16b SOCIAL SECUR	ITY NO.	17. INFORMANT				ADDRESS			
-1	71.74	O DIKING	(ti yes give wo	it or ones or service)			Ir. Ph	ilip	Todo	d Wi	ingate	Md.	Polici militari v	
		18. CAUSE OF	DEATH (Enter only	ane cause per li	ne far (o), (b), and	(c).)						8	APPROX MATE BETWEEN ONSET	
- 1		PARI I. C	EATH WAS CAUSED	E CAUSE (o)	Corona	ev oc	clusio	1				I	nstar	t
		410	9		AS A CONSEQUENC									
			ny, which gave	(b)										
		stoting the ur	derlying couse	DUE TO, OR	AS A CONSEQUENC	E OF								
- 1		last.	,	(c)										
			SIGNIFICANT CONDIT	IONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATE	D TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN P	ART 1(c)			
	NO	420'												
	Š	19a DATE OF C	PERATION		19b CONDITION FO WAS PERFOR		PERATION					12	20. AUTOPSY	
×	CERTIFICATION			1-1-									YES 🗌	NO 🔀
		210 EXTERNAL PRIMARY 0	CAUSE WAS R CONTRIBUTING [		IN. URY Month, Day, M.	, Year	21c HOW INJURY	OCCURRED (E	nter natu	re of intury in	Port 1 or Port 2,	, Item 18.)	1	
	MEDICAL	CAUSE OF DEAT	Н	P.i		19	and hocation fo	. 050 #						
-	~			ace OF INJURY (1 1ry, affice buildin	At home, form, stre g, etc.)	set,	21f LOCATION 5tr	eer or K F.D. No	).	€ ty or T	O WIT	Cour	1179	Stote
ı	- 1	AT WORK												
1			certify that I too	-				, , , , , , , , , , , , , , , ,		pedian 🛨			ond in m	y opinion
		deoth re	sylfed from:	Notural cous	ies 🗓 , Acci	dent [,	Suicide 📗	, Hamici	de 🔲,	Undeter	mined monne	er 🔝		
		ACTUAL	V _	- 2		1		CHIEF MEDICAL						
		SIGNATURE	1			/	· · · · · · · · · · · · · · · · · · ·	ASSISTANT MEI				TE SIGNED		
		EXAMINER'S NAME (Type)	John M	ace Jr	M.D.			DEPUTY MEDIC		NER <b>JK.</b> wn, or county)		22/5		7
	220	BURIAL CREMA	TION 236 D	ATE	go, Masso	OF (FMCTF)	y OR CREMATORY							
	230	REMOVAL (Spec	rfv)							LOCATION (CI		(Count	**	tate)
X	24	FUNERAL DIRECT		122/68		<u>n Chi</u> DDRESS	ırchyar	2So REC			i i ] G I   256 REGISTRAR	Dor.		4
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	1	- June	Marsh	- n				DAIL	₩ 11 W	- 100			4 9	

VR A15ME (5) 10M REV 1, 68



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

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#### MARYLAND STATE DEPARTMENT OF HEALTH

00412	DIAIZION OF ALLE		IFICATE OF			/	tx	17	
1. DECEASED-NAME Fire (Type or print)	••	Midd e BRADLE Y	PRICE		20. DATE OF I	June 17	, 1988		HOUR S
3. SEX Female	4 RACE White		S DATE OF B	6, 189	3	6. AGE (In years lost burthday) 74 YRS.	HE UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS Min
7o. BIRTHPLACE (State or foreign country) Maryland	76. CITIZEN OF WHAT COURSA	MOAI	RRIED 🔲 NEVER MAI OWED 🔃 DIVO	RRIED	9 county of i				N
10 CITY OR TOWN OF DEATH Cambridge	give street of	HOSPITAL OR INSTITUTION (Iddress)  idge Md. H	,			(Kind of work done ife, even if retired ) S	12b KIND OF INDUSTRY Facto		OR
30. USUAL RESIDENCE (Where dece odmission) STATE Marylar	osed lived, if institution Rad 13b COUNTY Doro		nbridge	YES NO		eet and number 4 Travers	Street		
14. FATHER'S NAME First Jesse	Middle	Bradley	IS. MOTHER'S M		<sup>irst</sup> Octavia	M. ddle		Lost	
160. WAS DECEASED EVER IN U.S. AI Yes, no or unknown) (" yes give		SOCIAL SECURITY NO L4-C7-7680	LeCompte	Funer	al Serv	ice recor	ds		
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED IMMEDIAL CONTROL OF THE PART OF T		east C.	arcina	~~	meter	staire		MATE INTERVIOUSET AND O	
Conditions, if any, which gave rise to immediate cause (a) stating the underlying coust last.	). ( (b)	ONSEQUENCE OF							

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO 🔯 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day P.M (If either, natify medical examiner) AT HOME, FARM. STREET, FACTORY, 21f. LOCATION OFFICE BUILDING, ETC. 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County

21d INJURY OCCURRED
While Not while at wark at wark

DEGREE

22a. I certify that (I) (this hospital) attended the deceased fram 3-10, 1965, ta 6-17, 1968, that (I) (we) last saw the deceased alive an 1968, and thot in (my) (our) apinian death accurred on the date and hour and from the couses stated abave, (I) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS.

	22d. PHYSICIAN'S NAME (Type) Rec	HARD G.	BILODEAU	22e. ADDRESS	OGE	M	d
3a.	BURIAL, CREMATION,	23b. DATE	23c NAME OF CEMETERY OR CRE	MATORY	23d LOCATION (	(City or	Town)

230. BURIAL, CREMATION, BREMOVAL (Specify) Dorchester Memorial Park June 19, 1968 24 FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland

250. REC'D BY REGISTRAR DATE JIIN 2 4 1

25b REGISTRAR'S SIGNATU

Cambridge, Maryland

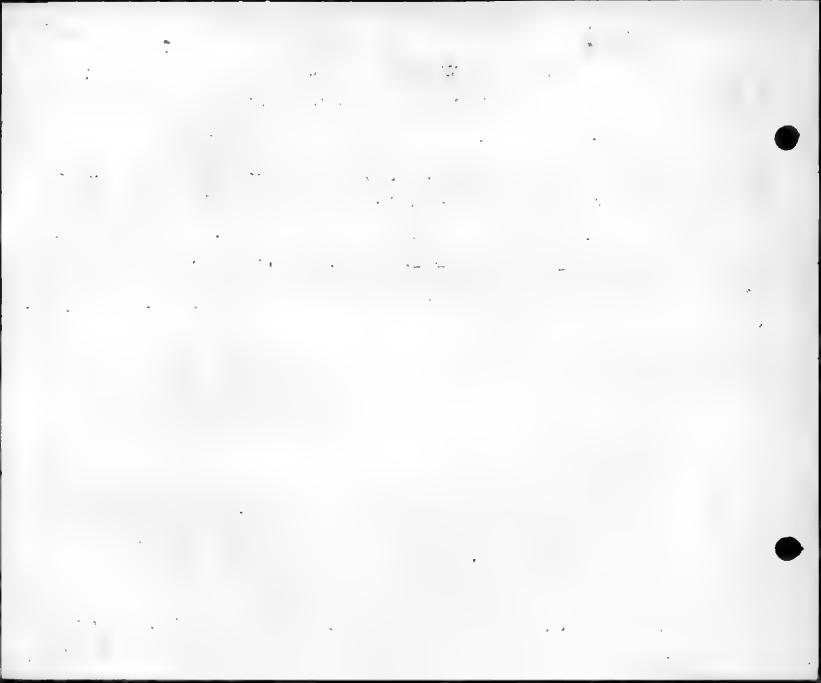
(County)

Stote

(Stote)

To FUNERAL DIRECTOR: After this certificate has been signed by the addirector, page 3 should be detached for use as the burial-transit per should be filed with the State Dept. of Health prior to burial, cremation, Poge 4 may be retoined by the hospital or ottending physicion. 30M REV

CERTIFICATIC



1			DIVISION					PARTMEN				MD 212	01				
FOR STATE	Ιt	em#8 F:	ilm#G402	MEN	IPAT E	Y RAHINI	ED'C	ON STREET		OF DE		4NU Z1Z	1 1 2		4	18	
HEALTH DEPT.		ECEASED NAME	First	HILD	ICAL L	Middle	LK 3	CENTILIN	Lost	OI DE		20. DATE K	NOWN	Month	Dov	Yeor	2h HOUR
≥ <u>a a </u> ≥ /		Type or Print)	PERI	RY				RIG	GINS			O.C.	EST - MATED X			68	B:30
P = 200	3 5	ξX	4. RACE	S. DATE OF	BIRTH	6	GE (in yes	MONTHS	1 YEAR DAYS	IF UNDER 2		2c DATE PR	ONOUNCED	DEAD			.2d HOUR
2 E E		ale	Negro	Oct.	25, 1	924	43	rrs munitis	DATS	HODKS	Man	Myth	e	D2Y2	Year	1968	A. N
- 5		BIRTHPLACE (Stote		TO CITIZEN OF	WHAT COUN	TRY?	8	MARRIED   N	/	RIED 🔼	9. COUN	ITY OF DEA	เม rches	ster			
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hourr Item Office I and 2	14. 1	ATHER'S NAME	Ferst		idle	Los	†	15 MOTH	R S MAID	EN NAME	First		Mid			Lost	
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hin 24 noil in niner's pages hours		WAS DECEASED EV les, no, or unknow Yes?	ER IN U.S. ARMED F	ORCES? yar or dates of servin		IAL SECURITY		17 INFORMA					ADDRES	_			
with per years with ye	<u> </u>				414	-32-5		Edna 1	vrigi	ht, H	urlo	ck, M	<u>aryl</u> a	and,		D. #	2
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executed inding" ii Medical t permit. nt withir		1/	1MMED1A	TE CAUSE (o)	OP AS A-CO			, ,	YOU	04,	100	1	) C C C	<u>~ 9</u>	-		
should be e ward "per the Chief I urial-transit			ny, which gove	(b)		vill.	, 0	ر لي وه	1	Hor	~ u	79	in				
ward ward the Ch rial-tra			iote couse (o), { derlying couse (	DUE 10,	OR AS A CO	NSEQUENCE	OF							<u> </u>			
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and	-	PART 2 OTHER :	SIGNIFICANT CONDI	TIONS CONTRIE	BUTING TO D	EATH BUT N	OT RELAT	ED TO THE TER	MINAL DI	SEASE OR C	ONDITION	GIVEN IN F	PART I(o)				
nis certific ite, writin e farward be used ar remaval,	CERTIFICATION	19a. DATE OF O	PERATION			NOITION FOR		OPERATION							20.	AUTOPSY	?
e e e	RTIF							· · · · · · · · · · · · · · · · · · ·								YES DE	<b>№</b> 0 🔲
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KAMINER: te the certified to the certified of the certifi	MED	21d INJURY OC	URRED 21e F	PLACE OF INJUR		form, street	,	21f LOCATION	N Street o	or R.F.D. No		City or	Town		County	1	Stote
F4 - 01 - 0		AT WORK	I WORK														
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ase ase as a sined		death re	sulted fram:	Natural c	auses 💢	, Accide	ent 🔝	, Suicide		Hámicid	,	_	rmined r	nanner			
ple ret		ACTUAL SIGNATURE	TAL	7.)	Lie	ele	اسا	9		F MED CAL I STANT MED:		-	2	22b DATE		/ ^	
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health pri		EXAMINER'S NAME (Type)	Petaro.	Rie	cki	27	E-,	Vers,	M U	JTY MEDICAL	1 /	ER County	·)	1	<u>s -</u>	68	
5 5 4 2 5 ± V	230	BUR AL CREMA	TION, 23b	DATE 10		23c NAME C	)F CEMET	ERY OR CREMA	TORY		23d	LOCATION (	City or Tow	n)	(County)	(51	ote)
(1)		Burial		ly 3,	1968			le Ceme			Ne	ar Rho	odesd	ale,	Mar	ylan	4
VR A15ME (5)	24.	FUNERAL DIRECT	Equin 1/LOCA	1	- /h		RESS			2So, RECD	BY REGI			GISTRAR'S		E .	
10M REV. 1/68	J.	J. (Fra	mptom an	d Son,	Fede	ralsbu	irg,	Maryl:	and	DALUL	TÜ	1968	yu	in	N. C.	4	



#### 111

Peneral 1 and 2 1 ardeath.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the director, page 3 should be detached for use as the burial-transt permit. Then please remove carban papers, Pageshauld be filed with the State Dept. of Health priar to living, cremation, or removal, and in any event, within 72 hours

30M REV 68

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

9

CERTIFICATE OF DEATH

l			CENTI	I ICAIL OI DI	-73111				
	ECEASED NAME First	va . (	Middle	O Last	20.	DATE OF DEATH Month	Dov	Year	2b HOUR
<u> </u>	L41	2 Ch	at man.	KOBERTS		06	Bo	68	8 ph
3. \$1	_	4. RACE		S DATE OF BIRTH		6 AGE (In last births	dgy) M	IF UNDER YEAR DAYS	HOURS MIN.
	emale	76 CITIZEN OF WHAT CO	OTHER DAG	08-15		UNTY OF DEATH	YRS.		
	BIRTHPLACE (State or foreign ortry)		MAKE	HED NEVER MARRIEI VED DIVORCEI	/	Λ	1		
10.0	TITY OR TOWN OF DEATH	71,3.Q.	OF HOSPITAL OR INSTITUTION			ORCHEST		12b. KIND OF B	Me
	ural-Cambria	a prive street		e State Wasp	during most of	warking life, even if	retired.)	INDUSTRY	03111123 014
I3a	USUAL RESIDENCE (Where decea	sed lived if institution: R	Residence before 13c CIT		INSIDE CITY JUN TS?	36/STREET AND NU			
adm	issian) STATE Md.	13b. COUNTYW/	comico Bi	Valve YI	S NO 🔀				
14.	FATHER'S NAME First	M ddle	Neath	IS. MOTHER'S MAIDE	N NAME First	13 -1	Middle abet	£ 171	lost lost
	WAS DECEASED EVER IN U.S. AR			17. INFORMANT	ed. Re	EBROS DI	Address		1115
L	'es, na, ar unknawn) (It yes give:	war or detes al service] 2	14-10-4809	Eustern	Shore	2 State	Nos		
	18. CAUSE OF DEATH (Enter of		1 2/1 2	-				BETWEEN ON	ATE INVERVAL ISET AND DEATH
	PART I. DEATH WAS CAUST IMMEDI	ED BY: IATE CAUSE (a)	factions	06 M	of dans	diam		Arin	inte
	4109	DUE TO, OR AS A		7		74 /	4		
1	Conditions, if only, which gave nse to immediate cause (a).	(0)	Consider	roug an	may	lurano	-		
	stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF	to Wa	it all	rlan		Ask.	are.
	PART 2. OTHER SIGNIFICANT CO				SEASE OR CONDIT	ION GIVEN IN PART II	[a]		
-	4281								
CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY	?	20b. IF YES, WERE		ISIDERED IN CER	RTIFYING
RIFIC				YES 🗌	NO K	CAUSES OF DEATH?			
	21a. ACCIDENT WAS UNDERLY!	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	JRY anth Day Year	C HOW INJURY OCCUR	RED (Enter natur	re of injury in Part 1	or Port 2, Ite	em 18.)	
MEDICAL	(If either, natify medical exam	iner) P.M.	19						
W	21d INJURY OCCURRED 21e While Not while at work of work	. PLACE OF INJURY (AT NO	OME FARM, STREET FACTORY, 2 CE BUILDING, EVC.	If. LOCATION Street a	R.F.D No.	City or Town		County	State
	22a. I certify that (I) (t)	nis haspital) attende	ed the deceased fram	141 * * * * * * *		, ta	, 19	, that	(I) (we) las
	saw the deceased of	alive an	nat) view the bady at	and that in (my)	(aur) apinion	death accurred o	n the date	e ond haur a	ind fram th
	22b. SIGNATURE	Ch [1]	///	}	4450	CTAPE	22c DA	ATE SIGNED	
	PRIM	18. 6/0	uny Tall	DEGREE PHYS.	☐ MED DIRECTO	OR EN PHYS.	7/	11/68	
	22d. PHYSICIAN'S NAME (Type) FELD	PE M. DO	PHINGUEZ	22e. ADDRES	5554	CIme	Sudy.	a, M	1
230	BURIAL, CREMATION, 23b REMOVAL (Specify)	DAY 3/18	NAME OF CEMETER'S		23d	LOCATION (City or I	awn)	(County)	(State)
24	FLIMERAL DIRECTOR	7/7	ADDRESS		a. REC'D BY REG		EGISTRAR'S SI		
1 /	12 WID a	NA. Kr	MUNES V	10.	MII K	1000 00	lione	. Cardal	L.



by the [unerol Pages 1 and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

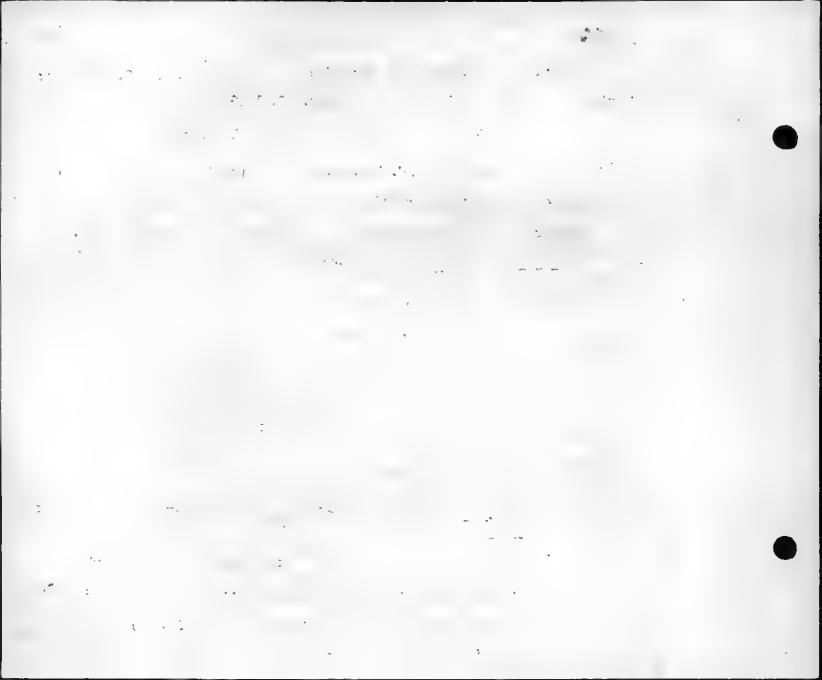
Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Dages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within 72 haurs after death

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		CEASED-NAME	First		Middle		Lost		20. DA	TE OF DEATH	-		2b HOUR
	(1	ype or print)	MARY		ELIEN	F	OBINSON			June	2,	1988	1:20AM
	3 SE	X Female	4. RA	W.	hite		S. DATE OF B	23, ]		δ. AGE (In year lost birthdoy)		TE JODER 1 YEAR  IONTHS DAYS	IE UNDER 24 HRS. HOURS MIN.
	7o E cour	BIRTHPLACE (Stote or fore	ign 7b. CITIZ	USA	COUNTRY?	WIDOV		RCED _		y of DEATH rchester			Md
?		ity or town of death Cambridge		Cam	e of hospital or if	d. Ho	spital	120. USt during	OLD OCCUPA	TION (Kind of work in the state of the state	done red )	12b. KIND OF INDUSTRY HOTE	BUSINESS OR
9	13a. odmi	USUAL RESIDENCE (Where ission) STATE Mary	deceosed lived,	if institution OUNTYDO	Res dence before rchester	Todo	OR TOWN	130 INS DE CITY	IJMITS? 13 10 X	Nore	ER		
ı	14	ATHER'S NAME First	river	Middle	McGla	ughli	IS. MOTHER S M		First	Filen		Todo	Lost
١	16c. Y	WAS DECEASED EVER IN es, po or unknown)	U.S ARMED FORCE		6b. SOCIAL SECURITY	NO NO	17 INFORMANT LeCompt	e Fune	ral S	Service re	ess Coro	is	
		1B. CAUSE OF DEATH ( PART I, DEATH WA	S CAUSED BY IMMEDIATE CAUSE	(o)	Cerebra	1 her	orrhage						MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which is to immediate could stating the underlying	h gove ) se (o),(	(b)	A CONSEQUENCE O  Arteri  A CONSEQUENCE O	oscle	rosis						
		PART 2. OTHER SIGNIFIC	ANT CONDITIONS	(c) CONTRIBUTION	NG TO DEATH BUT	NOT RELAT	ED TO THE TERMINA	AL DISEASE OF	CONDITION	GIVEN IN PART I(0)			
}	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH	H OPERATION WAS F	ERFORMED	20o AUTO		l r	Ob IF YES, WERE FIND AUSES OF DEATH?	INGS CON	ISIDERED IN C	ERTIFYING
	MEDICAL CER'	21o. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, notify medica	SE OF DEATH HO	TIME OF I OUR A.M. P.M.	Month Doy Yea		c. HOW INJURY OC	CURRED (Ent	er nature o	f injury in Part 1 or P	ort 2, lte	m 18.)	
	ME	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF	(0	FFICE BUILDING, ETC.	- 1	If, LOCATION Stre			City or Town		County	Stote
		22o. I certify that sow the dece causes stated	(I) (this hospi osed alive on gbove, (I) (	tol) otten 6-1 2) (slight (d	ded the deceo -68 lid not) view the	sed from 19 body of	7–1 <i>5–1,7</i> ond that in (n ter death.	19 1y) <del>(swr</del> ) o	, to pinion de	o <u>6–2–68</u> oth occurred on t	_, 19_ he dote	, thot e ond hour	(I) (see) los ond from the
		22b. SIGNATURE	EN BA	Dein	ker	9,5	ATTENDI	(30)	MED DIRECTOR	STAFF PHYS.		TE SIGNED	
1		22d. PHYSICIAN S NAME(Type) A	LBERT E.	BUNK	ER, M. D					Cambridge,		ryland	21613
)		BURIA CREMATION,	Jun 4,	1968	Zion M	ethod	OR CREMATORY ist Chur		1 7	CATION (City or Town	Mar		(Stote)
	24. I	FUNERAL DIRECTOR Compte Full	neral Se	rvice	, Cambri	đge,	Maryland	2So RES D	BY REGISTI	1968 REGIS	TRAR S S	IGNATURE	iengen.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08421 CERTIFICATE OF DEATH DECEASED-NAME First M'ddle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) Month Miranda Rumbley June Augusta articompletely filled in by the fly remove/carbon papers. Pages 1 in ony event, within 72 hours after 4. RACE 3 SEX S. DATE OF BIRTH 6 AGE (In years 1F UNDER 1 YEAR IF JNOER 24 HRS requires that the death certificate be-executed within 24 haurs after lost birthdoy) Female. White January 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) WIDOWED TX DIVORCED Dorchester 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR give street oddress). Cambridge-Md. Hospita during most of working life, even if retired) **INDUSTRY** Cambridge 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 36. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET AND NUMBER Glasgow St. NO C Jorchester Cambridge E SEE 14. FATHER'S NAME IS. MOTHER S MAIDEN NAME First Middle Ernest. Cillis Effie Wroten ledse and signed by the attending physician burial-transit permit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) ar remaval, Cambridge Md 211-07-950 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 190 DATE OF OPERATION 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7 NO F Health 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY County Stote City or Town While hot while at work 22a I certify that (i) (this haspital) attended the deceased from 4 - 15 6-17, 1968, that (1) (we) last \_\_. 19/ce=\_ ta saw the deceased alive an \_\_Ce - //c \_1968, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED\_\_\_\_ DIRECTOR STAFF director, page shauld be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION (County) (Stote) REMOVAL (Specify) 1d. Park Cambridge Dor. Dorchester Mem Buria 24. FUNERAL DIRECTOR **ADDRESS** 25o. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cambridge Md. 2161 30M REV 1/68 1968



CERTIFICATE OF DEATH

2b. HOUR

3 SEX

1. DECEASED-NAME First (Type or print) LAWRENCE 4. RACE

Middle Last SAUNDERS

S DATE OF BIRTH MARCH 5. 1968 JUNE 6. AGE (In years last birthday)

HOURS MONTHS

MALE NEGROTA 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?

8. MARRIED NEVER MARRIED WIDOWED [

9 COUNTY OF DEATH DIVORCED [

DORCHESTER 12g. USUAL OCCUPATION (Kind of work done

2n. DATE OF DEATH

during mast af warking life, even if retired)

12b KIND OF RUSINESS OR INDUSTRY

10. CITY OR TOWN OF DEATH CAMBRIDGE

FIORIDA

give street address)
CAMBRIDGE MD. HOSP. 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN

RHODESDALE

13d INSIDE CITY LIMITS? NO 🗔 13e STREET AND NUMBER BOX 59

APPROX MATE INTERVAL

BETWEEN ONSET AND DEATH

ゴナ DAYS

odmission) STATE AN D 14. FATHER'S NAME First

Middle шкаюл

USA

16b. SOCIAL SECURITY NO.

Last

11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital

17. INFORMANT

LERIA

SAUNDERS Address

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, <u>ocu</u>nknawn)

MONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

BUATERAL

LERIA SAUNDERS

15. MOTHER'S MAIDEN NAME First

PALATKA, FIA

Middle

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditions, if any, which gave ) rise ta immediate cause (a), stating the underlying causes

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PNEUMONIA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

216. TIME OF INJURY HOUR A.M. Month Day Year P.M.

21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) City or Town

Caunty

State

OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. INJURY OCCURRED

22b. SIGNATURE

23a. BURIAL, CREMATION,

While Not while at work

21a. ACCIDENT WAS UNDERLYING

220. I certify that (I) (this hespital) attended the deceased from (a - 22, 19 (a), to (a - 24, 19 (a), that (I) (we) lost sow the deceased alive an (a - 23, 19 (a), and that in (my) (eve) applicant deceased and the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death.

DEGREE

ATTENDING MED

22c DATE SIGNED

Box 248. East New Market, Maryland

23d. LOCATION (City or Town)

state)

REMOVAL (Specify) FLINERAL DIRECTOR

23b. DATE

NAME (Type) Donald R. McWilliams, M. D.

DV DRORDEN ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

CAMBRIDGE. MD.

PALATIA

PUTMAN 2Sb.

VR A15 (4) 30M REV 1/68

requires that the Teath certificate Teacuted within 2

corbon

please

signed by the burial-tronsit p

hos been

TO FUNERAL DIRECTOR: After this certificate

cremotion, or removol,



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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± 2 ±			irst	Middle		Last		2a DATE OF			2b. HOU	R
er death. I and 2 er death.			YRTLE	GRAVENOR		SHORT			June 4	1700	10 P	
mer e fur es 1 es 1 iffer	3. SE		4, RACE			S. DATE OF BIR			6. AGE (In years	MONTHS   DAYS	1F JNOER 24 H	RS.
the f		Pemale		ite		August	5, 189		last burthday) YRS.	1.001.10	1.00%	,,,,,
	Zo, E	IRTHPLACE (State or foreign		WHAT COUNTRY?	8 MARRIE	D 🖈 NEVER MARF	RIED 7	COUNTY OF				
2 g g :		Maryland	USA		WIDOWI	had .	CED [		ester			M
within 24 ha	10. 0	Galestown	CP	name of Hospital Or INS e street oddress) • O. Seaford	TITUTION (I L. De	if not in hospital  1RFD#3	) during mas		(Kind of work done life, eyen if retired.)	125. KIND OI INDUSTRY H.O:	BUSINESS OR me	
and completely filled in by the further and completely filled in by the further remave carbon papers. Rages I nany event, within 2 bours fiter		USUAL RESIDENCE (Where dec ssion) STATE Maryland	eased lived, if instit	oution: Residence before	13c. CITY	OR TOWN	YES NO		REET AND NUMBER			
may may	14.	ATHER'S NAME First	Middle			IS MOTHER'S MA	IDEN NAME Fire	st	Mrddle		Lost	=
		William	W. Brins	field		Ma	ry Whea	tlev				
ond in	16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY N		7 INFORMANT	7		Address			-
plik.	Y	es, no, ar unknown) (If yes g	ive wat or dates of service)	218-10-96	38	Lester K	. Short	, Seaf	ord, Del.	, RFD #	3	
ʊ g는 E		18. CAUSE OF DEATH (Enter PART 1 DEATH WAS CAU	anly one couse per	line for (a) (b) and (c).)		2	/ .	0 1			MATE INTERVAL ONSET AND DEATH	
ne death alleildin permit. ian, ar re		PAKI I DEATH WAS LAN	EDIATE CAUSE (a)	Pulme for (a) (b) and (c).	na	ry le	Alt a	Mario		20	ylar	ds.
all		CHIM		R AS A CONSEQUENCE OF		1						
the the mostific mostific		Canditians, if any, which gar rise to immediate cause (c	n). (b)					<del></del>				_
tra to the creater of		stoting the underlying cau		R AS A CONSEQUENCE OF								
equires that the physician. signed by the burial-transit burial, cremat		last.	) (c)	BUTTO TO BELLIA BUT HE	T BF: 4 YF	TO BUT TENANTS	DIFFEET AR CO.	HENTIAN ANIE	I DI PART 14 h			-
aw requires nding physici buen signed the burial-tarto burial,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BOUNG TO DEATH BUT NO	) KELATEL	TO THE TERMINAL	. DISEASE OR CO	MUITION GIVEN	I IN PART I(0)			
ttending ttending as been as the priar to	NO.	19a. DATE OF OPERATION 1	ICE CONDITIONSOD	WHICH OPERATION WAS PER	CODMED	20o AUTOR	DCV2	26k II	YES, WERE FINDINGS	CONCIDEDED IN C	EDTIEVING	_
p as a	CERTIFICATION	170 DAIL OF OFERATION	TEL CONDITION TOK	WILL OF EKATION WAS FER	KTOKIMED	YES	NO 🔼		OF DEATH?	CONSIDERED IN C	KIIIIII	
<u> </u>		216. ACCIDENT WAS UNDERI	LYING 215. TIME	OF INJURY	21c.	HOW INJURY OCC		noture af injur	y in Part 1 or Port 2,	Item 18.)		-
	MEDICAL	OR CONTRIBUTING CAUSE OF (If either, notify medical exc	aminer) P.A	Å. 19								
JING PHYSIC by the hospi fler this curt be detached State Dept. a	ME	While Nat while I		Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		LOCATION Street		,	or Town	County	Stote	
by the state of th		22a. I certify that (I)	(this hospital) a	ttended the decease	d from-	1955	, 19	, to <u>V</u>	me 4 , 19	Les_, tho	(I) (we)	la
R ATTEND retained ECTOR: A 3 shauld with the S		saw the deceased causes stated abo	d alive an <u> </u>	d) (dud not) view the i	oady afte	and that in (my er death.	y) (aur) apin	ion deeth o			and fram	th
L OR AT be reta DIRECT ige 3 sh iled with		226 SIGNATURE	Kuhls	nau	D	EGREE PHYS.	D1R	D. RECTOR	STAFF 22c.	DATE SIGNED		
SPITA 4 may ERAL or, pa d be f		22d. PHYSICIAN S NAME (Type)	3. Ku	fil man	7	22e. ADD	hatth	יאלאל	rud			
오 a 큰 글 = []	23a.		3b. DATE	23c NAME OF	CEMETERY	OR CREMATORY	1	23d. LOCATIO	N (City or Town)	(County)	(State)	
			June 7, 1		own (	Cemetery		Gale	stown. Ma	rvland		
VR A16 60) 30M REV 1/68	24	FUNERAL DIRECTOR	inuptear	ADDRESS			2So. REC'D BY	REGISTRAR	Stown Ma	S SIGNATURE)	124	
30M REV 4/68	J,	J. Framptom	and Son,	Federalsbu	To.	Maryland	DATE JUN	A I K		- 0	0	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Mary Lewis Simmons June 6. AGE (In years requires that the deoth certificate be executed within 24 hours after 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR last birthday) MONTHS Female Whi te March 11 bon papers. Pag within 72 hours o 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED WIDOWED [7] D. VORCED Dorchester Md. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Cambridge-Id. Hospita during most of warking life, even if retired ) corbon Cambridge Homemaker 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 33c. CITY OR TOWN 13d. INSIDE CITY , MITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Route #2 Orchester Cambridge 14. FATHER S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost Samuel Byrn Imogene Lewis 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) Wilhur N. Baumann Cambridge 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and,(c).) BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave ) rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from feet. (1947, to saw the deceased alive on 1968, and that in (my) (our) opinion death accurre \_\_\_19 & S, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING\_ STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY #3a BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Christ Churchvard Cambridge Dor. Md. 2Sb. REG STRAR'S SIGNATURE UNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1968 30M REV 1/68 pasCambridge Md.



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

\ 4	1/	0 9 %		ENTITICATE OF DEATH				
where!		DECEASED-NAME First (Type or print) MARY	Middle	SK INNER	20. DATE OF	3 Month 1968	Yeor	2h HOUR ,
after die	3. 5	FEMALE	4. RACE WHITE	S. DATE OF BIRTH 2/8/96		6. AGE (In years last birthapy) YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
II hours		BIRTHPLACE (State or foreign 7b MD .	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED X WIDOWED DIVORCED	9. COUNTY OF DOR .	DEATH		Md
mxecuted within 21 h and completely filled in remave carllan papers n my event, within 72 h	- T	CITY OR TOWN OF DEATH RURAL CAMBRIDGE	11 NAME OF HOSPITAL OR INS give street oddress) EASTERN SHORI			(Kind of work done ife, even if retired.) RK	125 KIND OF E	IUSINESS OR
omilete		USUAL RESIDENCE (Where deceosed nission) STATE Mp.	lived, if institution. Residence before 13b. COUNTY  UEEN ANNE S	CHURCH HILL YES NO		EET AND NUMBER		
be mxec	14	FATHER'S NAME FIRST GEORGE A. SKINNE	Middle Lost	IS. MOTHER'S MAIDEN NAME FIT	rst RCHANT	Middle		Lost
ificate t nysician please ral, amd	160	Yes, no or unknown) (If yes give war or		IO. 17. INFORMANT HOSPITAL REC	ORDS	Address		
requires that the dmath certificate be mxecuted within 21 hours after death 3 physician.  signed by the attending physician and completely filled in by the funeral signed by the attending physician and completely filled in by the funeral shorter. The please remave carllan papers. Pages of a burial, crematian, ar remaval, and in mny event, within 72 hours frey death		IB. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B' IMMEDIATE	one couse per line for (a), (b), and (c).) Y: CAUSE (a) ARTERIOSCL DUE TO, OR AS A CONSEQUENCE OF	EROTIC HEART DISEAS				AYE INYERVAL ISET AND DEATH
quires that the dwath physician. sigmed by the attendi burial-transit permit. burial, crematian, ar re		Conditions, if ony, which gove a rise to immediate couse (a), stoting the underlying couse lost.	(b)					
r requires ng physicion sigmed ne burial-t ta burial,	2	PART 2 OTHER SIGNIFICANT CONDIT	(4) Tions <u>contributing to death</u> but no	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN	IN PART 1(o)	······	
The law ratending attending has Len is as the the prior ta	CERTIFICATION	190 DATE OF OPERATION 196. COM	NDITION FOR WHICH OPERATION WAS PER	YES NO NO	CAUSES	YES, WERE FINDINGS (O OF DEATH?		RTIFYING
SICIAN: The spital ar at entificate had far usmed far usmer: af Health	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19			y in Port 1 or Port 2, i	tem 1B.)	
G PHYS the hos this ce detache	2	While Not while of work		TORY, 21f. LOCATION Street or R.F.D. No.		or Town	County	Stote
Stat Stat		couses stated above, (	hospitol) ottended the deceose e on <u>June 3</u> I) (we) (did) (did not) view the b	ed from Jury 2 , 19_3 9 <u>68</u> and that in (my) (aur) opin body ofter death.	15 , to nion death a	June 3 , 19 ccurred on the do	68 , that te and hour a	(I) (we) lost and from the
OM PER		22b SIGNATURE	Uselet	DEGREE PHYS. L. DI	ED. RECTOR	STAFF PHYS. AC 22c. I	6/3/68	
TO HOSTITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 shauld be filed w	1	22d. PHYSICIAN'S NAME (Type)		220. ADDRESS E-Ne		1 av k	RA, A	nd
TO HOSFI: Page 4 m TO FUNER. director, Should b			ve 5 Crus	CEMETERY OR CREMATORY	Cru	N (City or Town) mpton Q		ryland
OM REV	24	FUNERAL DIRECTOR	NE QUENT	ECIT, Md. DATE INN		25b. REGISTRAR'S	SIGNATURA JAMA	ye



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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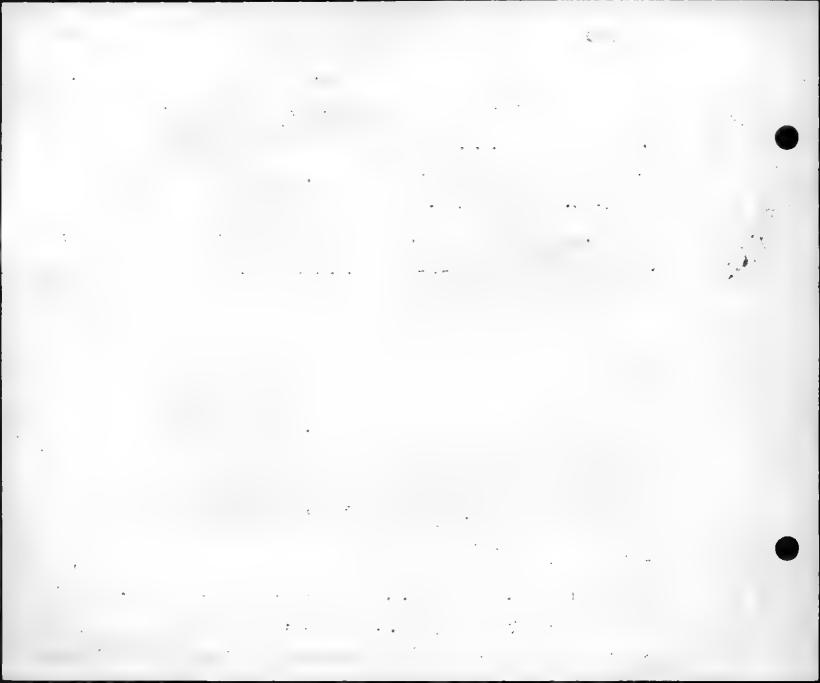
1 and 2 TO HOUNITAL ON ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after such. er death. funeral physician and completely filled in by her people semane carban pages and and in any event, within / TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. (hethyster should be filed with the State Dept. af Health priar ta burial, crematian, ar remand.) Page 4 may be retained by the haspital ar attending physician.

30M REV 168

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	CEASED-NAME First ype or print)		Middle	Lost		2a DATE OF DEAT	TH Month Day	Year	25 HOUR
	ROBE			SMI			NE 17	1968	A . M
3. SE		4. RACE		5. DATE OF		to:		FUNDER 1 YEAR ONTHS DAYS	HOURS MIN.
_	MALE	NEGRO		MAY	20, 1907		61" yrs		
7o. E		b. CITIZEN OF WHAT CO	OUNTRY? 8 MA	IRRIED 🔲 NEVER N	ARRIED [ 9	OUNTY OF DEAT	TH		
CUDI	NORTH CAROLINA	U.S.A.			ORCED 🔄	Dorch	ESTER		Md
10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTITUTI		during ma	L OCCUPATION (Kind st of working life,	d of work done	126 KIND OF I	BUSINESS OR
	AMBRIDGE	EASTE	RN SHORE S	TATE HOS	_ LAB	ORER			
	USUAL RESIDENCE (Where deceosed ssion) STATE	13h, COUNTY	. /		YES NO		AND NUMBER		
	MARYLAND	TA		ASTON					
14. F	ATHER'S NAME First	Middle	Lost	15. MOTHER'S	MAIDEN NAME Fir		M.ddle		Last
	ROBERT	S.	SMITH		F	ANNIE		- W	0005
	WAS DECEASED EVER IN U.S. ARMED es, na, ar unknown)   [# yes give were	FORCES? 16b. :	SOCIAL SECURITY NO.	17. INFORMANT			Address		
	NKNOWN	24	0-10-4066	E.S.S.	H. RECOR	DS			
	1B. CAUSE OF DEATH (Enter only	ane cause per line for	(a), (b), and (c).)						NATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED 6	CAUSE (a) BRAI	N TUMOR					3 MON	THS
DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which gave	(b)							
	rise to immediate couse (a), { stating the underlying couse(	DUE TO, OR AS A C	ONSEQUENCE OF						
	lost	(c)							
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
_									
VIIO)	190. DATE OF OPERATION 196. CO	NDITION FOR WHICH OF	PERATION WAS PERFORM	ED 200 AL	TOPSY? BRAI	N 20b. IF YES,	WERE FINDINGS CON	SIDERED IN CE	RTIFYING
MEDICAL CERTIFICATION				YES		CAUSES OF I	DEATH?		
1	21c. ACCIDENT WAS UNDERLYING			21c. HOW INJURY	CCURRED (Enter	nature of injury in	Part 1 or Part 2, Ite	m 1B.)	
DICA.	or contributing CAJSE OF DEATH (If either, notify medical examine)		nth Day Year 19						
ME	21d INJURY OCCURRED 21e. Pt White Not while	ACE OF INHIBY LATHO	ME FARM, STREET, FACTORY ) BUILDING, ETC.	21f. LOCATION SI	reet ar R.F.D. No.	City or To	awn	County	Stote
	at work at wark	1 2 1 1		May ZC	10.4	-17 A. 11010	= 17 10 4	0 41 .	10.7.
	22a. I certify that (I) (this saw the deceased aliv	nospital) attended	The deceased in	m ray 50	mu) (our) anir	oign dooth accur	red on the date	ond hour	(I) (We) last
	causes stated above,	(I) (we) (did) (did)	nat) view the bady	after death.	my) (our) upm	nun deam acco	ried on the dole	dita naor t	mu nom me
	22b_SIGNATURE	_ ^ ^						TE SIGNED	
	Turcon D.	4. Tillade	<b>←</b> ~	DEGREE PHYS.	DING DI	ED. ST/ RECTOR PH	AFF 🔲 JUN	IE 17,	1968
	22d. PHYSICIAN'S			22e. A	DDRESS				
	NAME (Type) RICHAR	n G. Bilor	EAU, M.D.	E	.S.S.Hos	SPITAL C	AMBRIDGE.	MARYL	AND
230	BURIAL, CREMATION, 23b. DA		23c NAME OF CEMET	ERY OR CREMATORY	21	23d LOCATION (C	ity or Town)	(County)	(State)
	REMODEL (Specify) 6/	20/68		4 TOMICAL	Bp.	BALTINI		ALT.	MBI
24.	FUNERAL DIRECTOR	1.10.	ADDRESS		2So. REC'D BY		2Sb. REGISTRARS S	GNATURE	dab
	Trebuil ("	State	CAM	BRIDGEA	DATE JUN	24 196	3 Junes	CA YAG	7



(Type or Print)  THOMAS  LEVIN  THOMPSON  OF ESTI DEATH MATED  JU  3. SEX  4 RACE  5. DATE OF BIRTH  6. AGE (in years   15 UNDER 1 YEAR   15 UNDER 24 HIRS.   2c. DATE PRONOUNCED DEAD	with Day Year 2b HOU
THOMAS LEVIN THOMPSON OF ESTI DEATH MATED JU	1 6 - 1
3. SEX 4 RACE 5. DATE OF BIRTH 5. AGE (in years 1 F UNDER 1 YEAR 1F UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	ne 8 1968 4:1
Q = _ I MUNIC	2d. HOU
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Year 1968 5 P
70 BIRTHPLACE (Stote or foreign 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Country) Maryland USA WIDOWED ₩ DIVORCED DOrchester	J
76 CHIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) Maryland  USA  WIDOWED DIVORCED DOrchester  10. CITY OR TOWN OF DEATH Vienna - Rural  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired Employee Dupont Co	
	Nylon
admission) MALTY land 13b. COUNTY Wienna YES NOK R.F.D.	
14. FATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
16d. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, pg., or unknown)   (If yes, grey war or doles of service)   21/1-07-9352   Marco Possilab M. Patridon W. Patri	
166. SOCIAL SECURITY NO. 214-07-9352  17. INFORMANT  ADDRESS  (Yes and, or unknown)  Yes  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if only, which gave )  (b)	
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Coronary occlusion  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave a	Instant
DUE TO, OR AS A CONSEQUENCE OF  Canditians, if only, which gave	
rise to Immediate cause (a), (b)  Stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
16d. WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes gree var or detes of service)  17. INFORMANT  ADDRESS  Wrs. Beulah M. Pinder, Vienna  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Coronary occlusion  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if only, which gave rise to immediate cause (a), storing the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Was PERFORMED?	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
196 CONDITION FOR WHICH OPERATION  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  210 TIME OF NJURY Month, Day, Year  211 HOW INJURY OCCURRED (Enter pature of injury in Part 1 or Part	20 AUTOPSY?
THE PART OF THE PA	YES NO 🔀
270 The best work would be the state of the	2, tem 18.)
PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH PM 19 21d INJURY OCCURRED 21e PLACE OF IN.JRY (At hame, farm, street, 21f LOCATION Street or R.F.D. No City or Town	Caunty State
	5.01.
22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from Natural causes Accident, Suicide, Homicide, Undetermined month of the control of the c	, and in my apinia
22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from Natural causes Accident Suicide Homicide Undetermined monn	
CHIEF MEDICAL EXAMINER	
CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE  ACTUAL SIGNATURE	ATE SIGNED
DEPLTY MEDICAL EXAMINER &	12/68
SIGNATURE  SIGNATURE  EXAMINED: NAME (Type)  John Mace Jr. M.D.  ADDRESS(Street, city, town, or county)  Cambridge  230 BURIAL-REMATION, 23b DATE  23c NAME OF CEMETERY OR CREMATORY  23d LOCAT ON (City or Town)	
PEMOVAL (Angerty)	(County) (State)
- June 14,1700   Knodesdale Cometary   Khodesdale M.	
June 12,1968 Rhodesdale Cemetery Rhodesdale Ma  24. FUNERAL DIRECTOR  ADDRESS  250. RECD BY REG STRAR  25b REG STRAR  25b REG STRAR  27c ADDRESS  27	AR S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



101.00

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ŀ	1 m 2 m 7			CE	RTIFI	CATE OF	DEATH				100	≥8
	ECEASED-NAME Type or print)	First ALMa		Middle BREESE		last TODD		2a. DATE OF	DEATH Month June	Day	<b>1</b> 968	2b. HOUR
3. SE	Fema J		14 RACE	ite		S DATE OF B	IRTH 23, <b>1</b> 8	96	6. AGE (In years last birthday)			IF UNDER 24 HRS. HOURS M.N.
7a, l	BIRTHPLACE (State of try) Maryla	or foreign	75. CITIZEN OF WH USA	1	WIDOWED	lad	RCED		nester			Md
	Hirlock		Be.	ME OF HOSPITAL OR INSTITUTE Haven N	ursi	ng Homs	during my	ost of working Onemake	l (Kind of work do ; life, even if retire ≥ <b>x</b>	d.)	12b. KIND OF E	BUSINESS OR
13o. admi	USUAL RESIDENCE ( Ission) STATE Ma	Where deceosed	d lived, if instituti	on Residence before 13	ic CITY C	r town	136 INSIDE CITY LI YES NO		REET AND NUMBER		Street	
14. I	FATHER'S NAME	<sup>First</sup>	Middle Lake	Last Todd		IS MOTHER'S M		<sup>est</sup> Fra <b>nce</b> :	Middl 7	е	Insl	Lost <b>E</b> Y
16o. Y	WAS DECEASED EV 'es, no or unknown)	ER IN U.S. ARME	D FORCES? or dates of service)	166 SOCIAL SECURITY NO 212-16-763	7 I	informant eCompte	Funer	al Serv	Addres	s ords		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Senence Verner Insufficiency										BETWEEN ON	IATE INTERVAL ISET AND DEATH
	Conditions, if ony, which gave is to immediate cause (a).  Insert a immediate cause (b).  Inserting the underlying cause to immediate cause (b).  DUE TO, OR AS A CONSEQUENCE OF CEREBRAL TIMEDIAS STATEMENT OF CONSEQUENCE OF CONSEQUE										буг	
	(a) Threshal Aptori colerosis								10 yrs			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Arteinscleptic Parkinsonism											
CERTIFICAT ON		9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?				igs con:	SIDER <b>e</b> d in Ce	RTIFYING				
HCAL CES	21a. ACCIDENT W or contributing (If either, notify r	CAUSE OF DEATH	HOUR A.M.	Month Day Year			,	,	iry in Port 1 or Pai	rt 2, Iter	m 18)	
Ē	21d WJJRY OCCU	JRRED 21e. P	LACE OF INJURY	AT HOME FARM, STREET, FACTOR OFFICE BIRLDING, ETC.					or Town		Caunty	State
	22a. I certify saw the causes st	that (I) (this deceased afi ated above,	hospital) atte ve on (I) (we) fand)	ended the deceosed 19 (did not) view the bo	fram_ a dy ofter	od that in (m death.	, 19 ny) (Sur) opi	, ta inion death				(I) (we) lost and from the
	225 SIGNATURE	- U	50a	and a	DEC	GREE PHYS		AED DIRECTOR	STAFF PHYS.	0/	TE SIGNED	
	22d. PHYS CIAN'S NAME (Type)	די מכלוו	3 P.FIL	unier II.D.	•	PY AD	ton		rd Jar		16	
L	BURIAL, CREMATIO	Jun	26, 19	23c. NAME OF CEA	ter :	Memoria	1 Park	Camb	ON (City or Town)	lary	(County)	(Stote)
24.	FUNERAL DIRECTOR	Lagrana	Samples	Cambrel dee	. Ma	nyland	250 RECID B	Y PEGISTRAR	2Sb REGISTI	RAR'S SI	GNATURE	

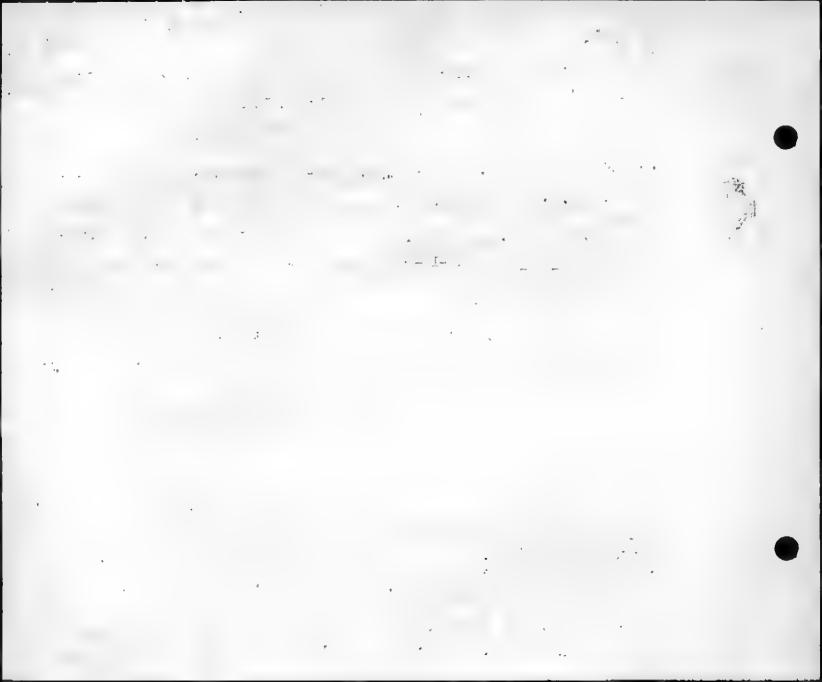
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pageshauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours VR A15 (4) 30M REV, 1/68

xecuted within 24 hours after death,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificals

Page 4 may be retained by the haspital ar attending physician.

Kampletely filled in by



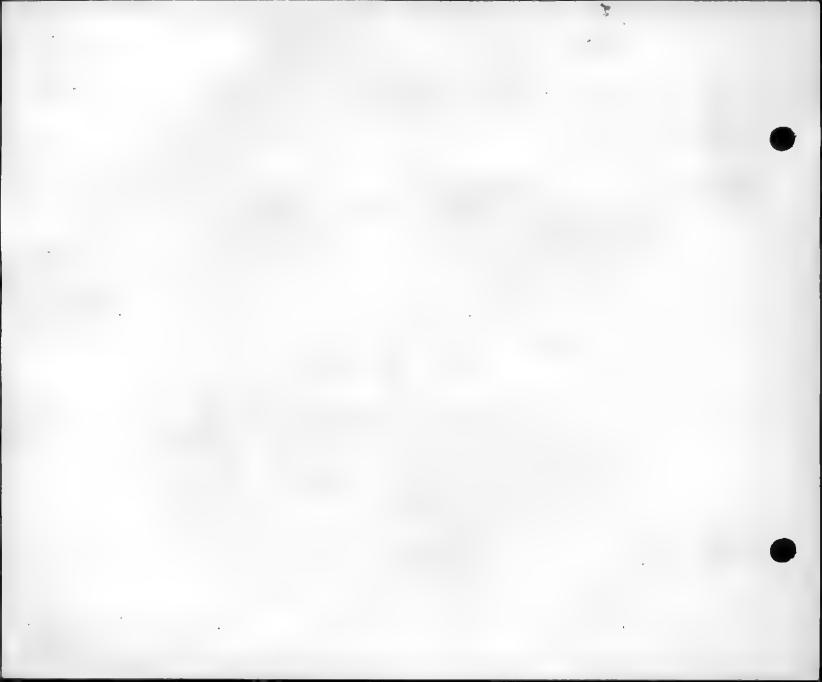


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

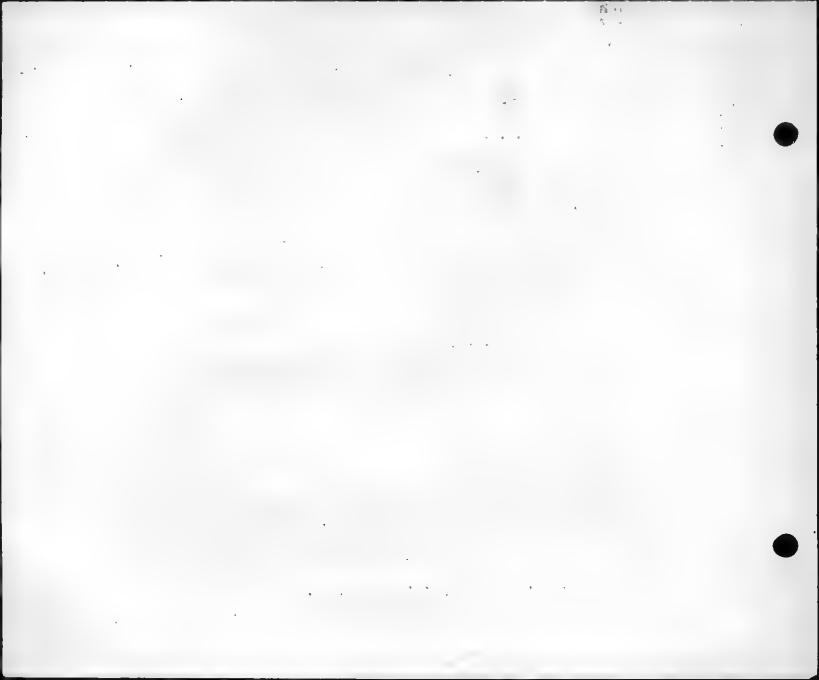
CERTIFICATE OF DEATH

.. KAR()

. 6			CERTIFICATE OF DEATH	
uneral l and 2 er death.			PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, finish tut on Residence	before odmission)
		'	o. COUNTY DORCHESTER MARYLAND STATE MARYLAND b. COUNTY CAR	olme
arrer the fur ges 1 after			b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate mits, write RURAL and give in write RURAL and give in agreet town)	eorest fown)
nours And in b		(	Ambrida e 26 days MARY del	
E ('E'K'E')	1-		d NAME OF HOSPITAL OIL INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
200	7	E	Enstern Shore State Hospital NONE	YES NO
	ر ک		NAME OF First Middle East 4 DATE Month DECEASED OF OF	Doy Year
orpoletely ve expor- event, wi	٦,		(Type or pant) TEKISEKI WAZZS DEATH 6	4 19 6 8 EAR   IF UNDER 24 HRS.
con		2.	lost birthday) Months D	ear IF UNDER 24 HKS.
and correction and even		100		EN OF WHAT
ā		duri	ing flost of working life, even of retired) INDUSTRY	
care Sicio S		13	FATHER'S NAME	レンイ
eath certilicate be executed in the properties of the please remained in remaining the please remains on the please remains only and in any and and any any and any any and any		10	M I	
ing Th		15.	WALLER WOLLS  WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17_INFORMANT  Address	
		(Ye	es, no, or unknown) (If yes give wor or dotes of service) 221-165478 Records of the Eastern Shares	State Hosp
that the d an. by the att fransit per crematian,		H	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL DETWEET
that the death certificate in. by the attending physician ransit permit. Then pleas rematian, ar remaval, anc			PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) PNEUMONIA TERMINAL	ONSET AND DEATH
s the cian of the			DUF TO	
urre hysi gne gne rral			Conditions, if only, which gove is to immediate couse (a), (b) DIABETES MELLITUS	
o bring o			stating the underlying couse DUE TO	
aw bee s th			lost. 260 × (t)	
n: The Taw ar attendi ate has be or use as the	~	Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
are are early sear are	5.	3	20a ACCIDENT WAS UNDERCYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Isem 18)	YES NO X
		CERT.F CATION	DR CONTRIBUTING CAUSE OF DEATH	
hass cer che		GAL C	[IF EITHER, NOTIFY MEDICAL EXAMINER]  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Count	ty) (Stote)
the the deto		MEDICAL	Hour a.m. While Not While foctory, street, office bldg, etc)	(3)0101
by there be stat			21. 1 certify that W (this haspital) attended the deceased fram 5-/0- , 1968, ta 6-4 , 1968	2 that (1) (wa) las
R: A uld			saw the deceased alive an 6 - 4 19 68, and that death accurred at 4 of M. fram causes and an the	date stated above
sho CTO			V20 SIGNATURE ) 22b DAIS	
OK AIR be retain DIRECTOR e 3 shau ed with the			mignel a. de la Gerandia M.D PHYS DI DIRECTOR DI STAFF X 6/	4/68
	1		22c. PHYSICIAN'S 22d ADDRESS	
SPITA 4 may 4 may ERAL ar, pa	1		NAME (TAPO) IGUEL A. de la GUARDIA, MID E.S. S. 4.	
Firect Paul		230	PEMOVAI (Sperity)	ounty) (Stote)
2 6 6 7		2/	4. FUNERAL DIRECTOR 250, REGISTRARY 25b REGISTRARY 25b REGISTRARY 3 SIGN	NATURE .
VR ATS QU		24	Talk E Back I was all 1 1968 Clark	



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY " **b** COHNTY cchester MARYLAND delay b CITY OR TOWN (if outside corporate i mits, C LENGTH OF STAY IN 16 mits, write RURAL and a ve nearest town? write-RURAL and give nearest town? State Departm Vear d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE olong with form within 72 hours ON A FARM? . 5. 5 NO V NAME OF Muddle Farst 4. DATE Year DECEASED the 1968 (Type or pont) DEATH IF UNDER 24 HRS. S SEX 9 AGE (In years IF UNDER I YEAR NEVER MARRIED lost birthdoy) W.DOWED DIVORCED 6 event 10o USUA, OCCL PATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ony pages in ony LaborerFactory e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's Laborer 13 FATHER'S NAME 14. MOTHER'S This certificate should be executed with ACKS puo 16 SOCIAL SECURITY NO. 17 INFORMANT Address buriol-transit permit. (Yes, no, or unknown) If the give wor or dates of service) cremation, or removal 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL PETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word " DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse last. used as burial, WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES NO: prior to 200 EXTERNAL CALSE WAS 3 should 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item IB) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 ogent, 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or fown) (County) MED foctory, street, office bidg, etc.) -While Not While FUNERAL DIRECTOR: Page ot work moy be retoined for your Page of work 34 21 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident 🔀 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 230. BURIAL CREMATION, REMOVA. (Specifo) 23d LOCATION (City or Town) 23b DATE THEREOF (County) 0 Federalsburg. 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR ATSME



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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

119451	3		CERTIFICATE OF DEATH			38	433	)
1. DECEASED-NAME (Type or print)	First WILLIAM	Middle HENRY	WILMER	2a. DATE O	6, Month 68	y Ye	1	b. HOUR
3. SEX MALE	4. RACE	NEGRO	S. DATE OF BIRTH 2/7/84		6. AGE (In years last birthday) 84 YRS.	IF UNDER 1	YEAR IF UN DAYS HOUT	IDER 24 HRS
7a. BIRTHPLACE (State country) M.D.	ar fareign 75. CITIZEN (	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY O				

ı							_			
1	10.	CITY	OR	TOWN	OF	DEA	Th	}		
	R	UR.	AL	Ca	М	R	ı.	D	GE	

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

12b. KIND OF BUSINESS OR during mast of working life, even if retired.) **INDUSTRY** 

missian) STATE MD.					RT. 1, Box 238
FATHER'S NAME First WILLIAM WILMER	Middle	Last	IS. MOTHER'S M	AIDEN NAME First	Middle

16a. WAS DECEASED EVER Yes, na, ar unknown)	IN U.S. ARMED FORCES? (If yes give wor or dates of service)

Conditions, if any, which gave rise to immediate cause (a),

stating the underlying cause

17. INFORMANT 16b. SOCIAL SECURITY NO. 214...12\_6/130

NO		217-12-07-23	DOSTINI	L MEGO
	H (Enter anly ane cause per lin	e for (a), (b), and (c).)	1010 0111	44Th la

IMMEDIATE CAUSE (a)

TO,	OR	AS	A	CONSEQUENCE	OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

	Cachexi	acue	10	cerebn	vas c	ulor	accident.
	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	1 OPERATIO	N WAS PERFORMED	20a. AUTOPSY	?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
3					HERE STOR		CAUSES OF DEATH?

ı			
ı	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	
ı	OR CONTRIBUTING CAUSE OF OFATH	HOUR AM Month	

Yeor P.M

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

(If either, notify medical examiner) 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, ) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town

While Not while at work

DUE

22o.	I certify that (I) (this ho	ospital) ottended the	deceosed from 4/25 19 68, and that in (n	, 19 <u>68</u> , to_	6/6, 1	9 <u>68</u> , that (	I) (we) las
	saw the deceosed alive	an 6/6	19 <u>68</u> , ond that in (n	ny) (our) apinian deatl	h accurred on the d	ate and haur o	nd from the
	causes stated obove, (I)	(we) (did) (did nat) vi	ew the body after death.				
			1.4.15			A 4 - 1 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A	

226. SIGNATUR	tooks	F1	Ra	un;		
22d. PHYSICIA NAME (Ty	N'S ()A(	LLOS	F. 1	BAR	Ro	02

ATTENDING PHYS. DEGREE 22e\_ADDRESS

D	MED. DIRECTOR
-	

2Sq. REC'D BY REGISTRAN

STAFF PHYS.	6	6

2Sb. REGISTRAR'S SIGNATURE

	1	10	Mal	
Ĺ	4	1	1.16	

County

$\overline{}$	
230.	<b>BURIAL, CREMATION</b>
	REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(State) (County)

State

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BUYIR FUNERAL DIRECTOR

signed by the attending physician and completely filled burial-transit permit. Then please remave carban page and in any event, burial, crematian, ar removal, Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

CERTIFICATION

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

30M REV 1/68

1.88. ANNESSA SE Control of the contro - Line of the Holder of the Ho Later Branch to Carrie Francis THE RESERVE TO SERVE THE PARTY OF THE PARTY

## 08429

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CATE OF DEATH

41 6 25 4	22 E M.			CE	KIIFIG	AIL UF	DEATH					-	
1. DECEASED-NAME	First		M	iddle		Lost		20. DATE C	F DEATH			2b.	HOUR
(Type or print)	WILL	. LAM	M		Woot	TEN			UNE Month 9	Pay	968	7	50 N
. SEX		4. RACE				S. DATE OF B	IRTH		6. AGE (In years	IF U	NOER   YEAR	IF UNOES	R 24 HRS.
MALE		WH	ITE			02-14	-85		lost birthdoy) 83 YR	S. MON	THS DAYS	HOURS	MIN.
a. BIRTHPLACE (State	or foreign		OF WHAT COUNTE	RY? 8	MARRIED	☐ NEVER MA	RRIED	9. COUNTY O	F DEATH				
COUNTRY MARYLA	IN D	USA			WIDOWED		RCED 🗍	Dorc	HESTER				Mo
O. CITY OR TOWN OF CAMBRIDGE			11. NAME OF HOS PIVE STAPL AND THE			not in hospital TE HOSP	120. USL during p	JAL OCCUPATION POST of Working	N (Kind of work don g life, even if retired	e 1: .)	2b. KIND OF NDUSTRY	BUSINES	S OR
30. USUAL RESIDENCE dmission) ASIATE Y L	(Where deceo				3c. CITY OF		13d. INSIDE CITY		TREET AND NUMBER				
	AND		RCESTER			HILL	*	10 🗆	FEDERAL S	TRE	ET		
4. FATHER'S NAME	First	Mi	ddle	Lost		S. MOTHER'S N	IAIDEN NAME	First	Middle			Lost	
	UCEIN			WOOTTE				Емма	PARSO	NS	Woo	TTE	N
Yes, no of unknown	/ER IN U.S. AR	MED FORCES? war or dates of ser		AL SECURITY NO.		INFORMANT			Address				
NO.		110	4/2-1	6-149	C R	ECORDS	OF TH	E EAST	ERN SHORE	STA	TE Ho	SP1	TAL
18. CAUSE OF D	EATH (Enter or	nly one couse	per line for (o),	(b), ond (c).)							DETWEEN O	NSET AND	DEATH
PAKI I. DEA	TH WAS CAUSE IMMEDI	ATE CAUSE (o	PNE	EUMO	NIX	ł					49	3 H	FW?
491X			O, OR AS A CONSE			1.1						.7	
Conditions, if on rise to immedia			con	VGES	TIV	EM	EART	1	AILURE		4 8	SH	IRS
stating the und		DUE TO	O, OR AS A CONSE	QUENCE OF							-	- 1	^ ~
lost.	1 3	) (	EMPI	MYSEN	MA	+ CH	RONI	CBI	RONCH17	15	5	71	RS.
1.0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
= 5030 CA	CHE	XIA	+ GE	NERA	LIZ	ED	ARTE		CLERO 5				
190. DATE OF OPE	DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS						s consi	DERED IN CE	RTIFYIN	IG			
			TIME OF INJURY		21c. H	OW INJURY O	CURRED (Ent	er noture of in	ury in Port I or Port	2, Item	18.)		
OR CONTRIBUTING			R A.M. Month P.M.	Doy Year									
	URRED 216		JURY ( AT HOME, FA		RY.) 21f. L	OCATION Stre	et or R.F.D. N	o. Cit	ry or Town	((	ounty	1	Stote
While Not w	hile		( OFFICE BUILD	DING, EYC.	1				,				
		nis haspita	1) attended th	e décensed	from	10/10	0 191	6 / to C	06/04	19 6	8 . that	(1) (6	ve) los
saw the	deceased (	W DII	06/09	2/19,	ex an	d that in (n	ny) (our) op	oinion death	occurred on the				
22b. SIGNATURE	couses stated abave (1) (we) (did) (did not) view the body after death.												
220. SIGNATORE	22b. SIGNATURE  MED. STAFF   22c DATE SIGNED  PHYS.   DIRECTOR   STAFF   22c DATE SIGNED  PHYS.   DIRECTOR   PHYS.     22c DATE SIGNED												
22d. PHYSICIAN'S	M. M		wo ou		0 000	22e. AD		DIRECTOR -	PHIS.	1	- T,	//	00
NAME (Type		NM	. KIL	LORA	N	74		34A1R	RO, W	ASA	ING	701	NO.
230. BURIAL, CREMATI	ON, , 23b.	DATE ,	230	. NAME OF CE	METERY OF	CREMATORY		23d. LOCAT	ION (Gity or Town)	(0	ounty)	(Stote	10)
REMOVAL (Specify	al 6	12/	68	EVE	RG	ZETN		BE	euln 1	No	R	M	0
24. FUNERAL DIRECTO	R	2	0	ADDRESS	1.	10 0		BY REGISTRAR	2Sb. REGISTRA			100	
Anna	A.	eur	rage	Du	hu	8 ped	DATE JU	N 12	1988 ycc	are	Do June	7	-

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carborr papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 2 hours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 30M REV. 1/68

361 : , asyttes Asyttes Asyttes 27.414.75 12 127 CANO 28 PAGE 01/A 27 PAGE ANAMAS AND TAKE THE RESERVED TO MANAGE TO SECOND THE SAME OF THE PARTY OF THE PA ALTERNATION OF THE ACTION OF THE PARTY OF TH COLUMN TABLE SANTANIA PANELLAND BELL LAND